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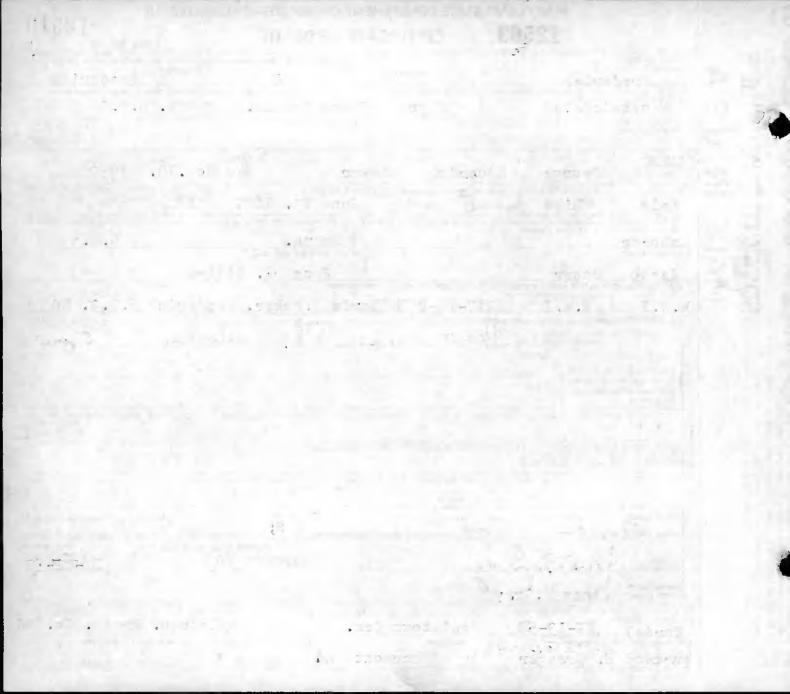
1SM 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12563

**CERTIFICATE OF DEATH** 

12519

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Frederick Frederick b. CITY OR TOWN (If autside corporale limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town)
Mountaindale Mountaindale. Fredk. R.D. 3 yr d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle Lost Year DECEASED Nov. IO. Baker George Edward (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED TONEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Months I891 Days Hours 13. Male White June WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A Penna. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E. Dilled Jane Jacob Baker IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 217-10-089/Floria Frederick R.D. 3. Md I.Baker. W.W.I 18. CAUSE OF DEATH (Enter only one cause per, line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19. PERFORMED? YES NO 17 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Parl II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour O. III Not while ol work ol work 1959that I last saw the deceased 21. I certify that I attended the deceased fram. M, fram the causes and on the date stated above. and that death occurred at\_ DATE SIGNED ADDRESS (Street, city or town, stole) Thurmont Md ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) K. Gray James 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Lewistown. Fredk. Co. Md Lewistown Cem. Buria] FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Thurmont Raymond Creager DATE NOV 1.6 159 Chithur & Thous



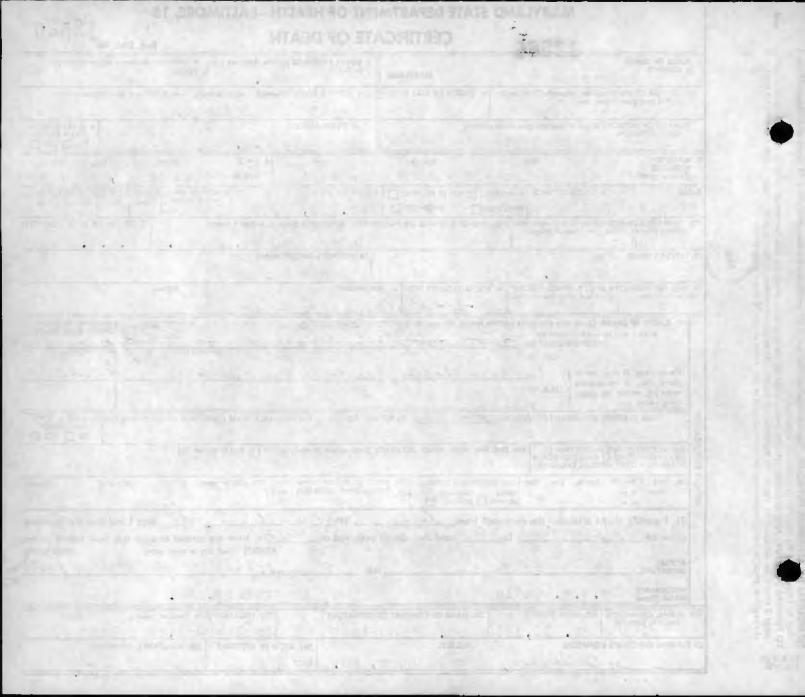
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ARYLAND	STATE DEPARTMENT	OF HEALTH	-BALTIMORE, 1	8

2	CERTIFIC	ATE	OF	DEATH
9	CERTILIC	A District	OI.	PPULL

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	1756						Reg. Dist. No	),
1. PLACE OF DEATH a. COUNTY	330040		1 0 1 1 1 1 1 1	2. USUAL RESIDENCE	E (Where decease			are admission)
h L	ederick		MARYLAND		enna.	b. COUNTY	Adams	4
b. CITY OR TOWN (	If outside carporate limi earest tawn)	is, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	I (If autside carpo	rate limits, write R	URAL and give re	earest fown)
Wm in	tahuna			Rural	Fair.	field,	75 x	-3
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)	d. STREET ADDRE	SS			B. IS RESIDENCE ON A FARM?
	De Paul	Str	eet	<u> </u>	R.D.	#2		YES A NO
3. NAME OF DECEASED (Type or print)	Marguer.		Middle Caroline	Bialecki	4. DATE OF DEATH	Novemb	er 7,	19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED INEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		R IF UNDER 24 HRS.
Female	White	WIDOW		Dec. 19,	1909	last birthday) 4.9 yrs.	Months Days	Hours Min.
IOG. USUAL OCCUPATI	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR INDI		State or foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY
Nur s	king life, even if retired	'		Adams (	lounty.	Penna.	U.S.	A .
13. FATHER'S NAME				14. MOTHER'S MAIL		2022224	0.00	
	James H.	Boyl	e	Agnes	Pecher			
IS. WAS DECEASED EVI	R IN U. S. ARMED FOR	CES? 16.		INFORMANT		Add	ress	
(Yes, no, or unknown)	(If yes, give war or dates of s		96-18-5424/	Enthon &	Buller	Or.		
Canditions, if a gave rise to it cause (a), storing lying cause lost.  PART II. OT	the under-	7re	CONTRIBUTING TO DEATH BU			E CONDITION GIV	TEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO E
	MEDICAL EXAMINER)	nr   20d 16	JURY OCCURRED 20e. P	LACE OF INJURY (Hame,	5mm 205 (Cit.			40 h - 4 h
20c. TIME OF INJUI Hour o. ji. p. m.	19	While at work	Not while	octory, street, affice bldg	, etc.)	or idwin	(Caunty)	(Slale)
actual SIGNATURE	or . W.R. Ca	182	71			n the causes of feet, give or tawn,	ind on the do	aw the decease stee stated above DATE SIGNED
220. BURIAL, CREMATIC REMOVAL JSpecify Bur 1al	NOV 11	1959	St. Jose			tsburg,	**	(State)
3. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		REC'D BY REGIST		TRAR'S SIGNATU	
C. E	· Wilso	w,	Emmitsbur	g, Md. DATE	NOV 1 0 150			
C.E.	Wilson				0.00		· i. L. House	A.



MARYLAND

1. PLACE OF DEATH o. COUNTY Frederick

b, CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
Frederick

E. LENGTH OF STAY IN 16 Life

Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY Frederick

d. STREET ADDRESS

	OR INSTITUTIO	PITAL (If not in hospite), g N CK Memorial		d. STREET ADDRESS	Park A	venue				FARM?
3.	NAME OF DECEASED (Type or print)	Fir HARR		BOPST	4. DATE OF DEATH	Mon NOT	n rembe	r 18	8,	Yeor 19 59
5.	. sex Male	6. COLOR OR RACE White	7. MARRIED   NEVER MARRIED   WIDOWED   15 Cd DIVORCED	5 June 1882		9. AGE (In years lost birthday) yra.	Months.	Days	Hours	R 24 HRS. Min.

during most of working life, even if retired)
Retired—Inspector 13. FATHER'S NAME

Brush Company

Frederick, Maryland

USA

14. MOTHER'S MAIDEN NAME

Georgetta Dertzbaugh

John C. Bopst

IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

17. INFORMANT

719 Motter

Ave. 214-10-2153 Mrs. Hallie V. Nikirk. No Frederick. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN

PART I. DEATH WAS CAUSED BY: 332 X DUE TO

Conditions, if ony, which gove rise to immediate

couse (o), stoting the underlying couse lost.

Hour e. m

DUE TO

PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY

PERFORMED? YES NO X

(State)

ONSET AND DEATH

200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Doy, Year

20d. INJURY OCCURRED Not while of work of work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

2 19 57, that I last saw the deceased 21. I certify that I offended the deceased from here I and that death occurred at 9:55A M, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

228 N. Market St.

19 Nov 1959

(Stote)

ACTUAL PHYSICIAN'S NAME (Type)

MEDICAL

B. O. Thomas, M. D.

Frederick. Md.

220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BIFT A (Specify) Mount Olivet Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE

240, REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE Culling S. Kraus

22d. LOCATION (City, town, or county)

Frederick, Maryland

M. R. Etchison & Son, Frederick, Maryland

DATE NOV 2 3 '59

VS A15 (4) 15M 9/55

O HOSPITAL

death. Page

executed within 24 hours

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#### CERTIFICATE OF DEATH

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	14400	<b>V</b> =1(111110	71 W VI DB711	•	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY FT	rederick	MARYLAND		there deceased lived. If institution aryland b. COUNTY	on: Residence before admission) Frederick
b. CITY OR TOWN (IF FURAL and give no.	outside corporate limits, write grest town)	6 mos		outside corporate limits, write R	RURAL and give nearest town)
Three Pir	at (If not in hospital, give streets Nursing	et address) Home	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Poesenia	Middle	Brown	4. DATE MOR	nth Day Year
s. sex Female	2.75 0 1.	RRIED NEVER MARRIED	June 5, 18	9. AGE (In years less birthday) 91 yrs.	Months Days Hours Min.
duing most of work HOUSE W.	N (Give kind of work done 10 ing life, even if retired)	Own Home	JSTRY 11. SIRTHPLACE (Stoke Maryla		12. CITIZEN OF WHAT COUNTE
13. FATHER'S NAME W1111	lam Gonder		14. MOTHER'S MAIDEN Mary W	NAME Villard	
	IN U. S. ARMED FORCES? If yes, give war or dates of service)	3-	rs. Mary Wi	Addillard Uni	lon Bridge, Md.
PART I, DEAT  420,0  Conditions, if on gove rise to in cotte (o), stoting t lying cause lost.	mediate (	orgettie décisale	the plan	t prisas	INTERVAL BETWEEN ONSET AND DEATH THE TOTAL STATE OF THE
CATIC		S CONTRIBUTING TO DEATH BU ESCRIBE HOW INJURY OCCURR	W. U.S.		VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY I  20c. TIME OF INJURY Hour o. m., p. m.	Whi		LACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City or lown)	(County) (State
21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	Lenzy V.	Chase	1959, 10 A h occurred at 750 M.D. 45	M, fram the causes of ADDRESS (Street, city or town,	that I last saw the deceasand an the date stated abortion DATE SIGN
220. BURIAL, CREMATION REMOVAL (Specify) Burial	11-22-59	22c. NAME OF CEMETERY OF Blue Ridge		22d. LOCATION (City, town, or Thurmont,	
Raym ond	E Creager	ADDRESS Thurmont, M	ī a	ALOUE A TRA	STRAR'S SIGNATURE

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retaind the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL

funeral director, snould be filed with

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TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	may be retain by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by	page 3 should be detached for use as the burjol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	1	
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HO	moy be retain by the naspiral or attending physician.  O FUNERAL DIRECTOR: After this certificate has been sig	occe	the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.	
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	2633							Reg. Dist.	No.	
o. COUNTY Fre	ederick		MARYL		O. STATE Maryla	nere deceosed	lived. If instituti b. COUNTY	Frede	before admis	sion)
Frederic	N (If outside corporate limi enegrest town) K	ls, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF c		ote limits, write A	URAL and give	e nearest low	n)
d. NAME OF HOS OR INSTITUTION MOLLEY AV	PITAL (If not in hospital, greenue at Nint	h St	oddress) reet	1	d STREET ADDRESS 8 West	Seven	th Stree	t	ON	SIDENCE A FARM? NO KX
3. NAME OF DECEASED (Type or print)	Fir CHAR		Middle CLAYTO	N	BRUST	4. DATE OF DEATH	Mor N c	vember	Day 28,	Yeor 19 59
5. SEX Male	White	WIDOW		□ 8			9. AGE (In years asl birthday) yrs.	Months Do	YEAR IF UND Bys Hours	ER 24 HRS. Min.
Machine C	TION (Give kind of work of porking life, even if retired PET at OT	done 10b. B	kind of Business or rick Works	INDUSTRY	11. BIRTHPLACE (Stone Frederick		untry)		SA	COUNTRY
Harry H.	Brust			1	Margaret F	_				
IS. WAS DECEASED E	VER IN U. S. ARMED FOR	(enimal	SOCIAL SECURITY NO. 14-10-2866		Ruby H. Br	ust (S	ame as i	**	)	
Conditions, if gove rise to couse (o), staticlying cause to	ony, which (b) (b) immediate and the under-	Cor	many and	th-	? Curo Plineare	narg c	relisi		1 yes	2 V
CATI	OTHER SIGNIFICANT CON WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)		CRIBE HOW INJURY OC					ZEN IN PART I	PERFO	AUTOPSY ORMED?
WED TIME OF INJ	IURY Month, Doy, Yes	20d. II While of wor	Not while	PLACE fectory	OF INJURY (Home, form, street, affice bldg., etc.	20f. (City	or town)	(Cou	nty)	(Stole)
actual	that I attended the	125	eywolels,	death ac	9 E. Churc	h St.	the causes of th	stote)	date state	ed abave
Durial (Speci	12-2-59	F	22c. NAME OF CEMET Mount Oliv				on (City, town, erick, Ma		(Stat	e)
M. R. Etc	or's signature chison & Son,	Fre	derick, Mar	yland		DEC 2		STRAR'S SIGN		

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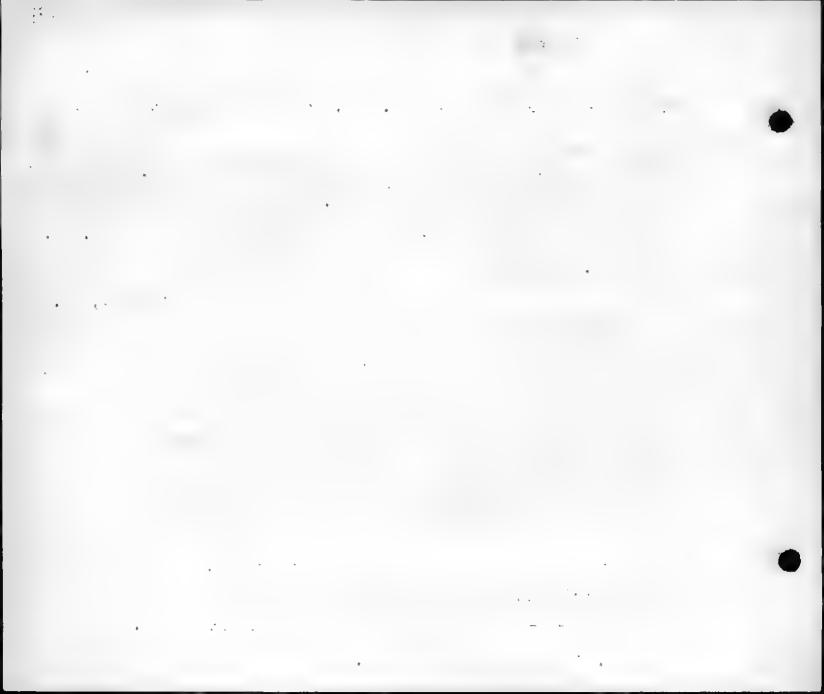
	12565	CERTITIO	AIL OI DEAII		Reg.	Dist. No.	
PLACE OF DEATH COUNTY	Frederick	MATTANI	2. USUAL RESIDENCE (Who o. STATE Mary		COLUNITY	dence before odmi rederic	_
Smithsbu	(If outside corporate limits, write nearest town) rg rural	c. LENGTH OF STAY IN 16	nr. Foxvil		thsburg		rn) RD
d. NAME OF HOSE OR INSTITUTION	TTAL (If not in hospital, give street	t oddress)	d. STREET ADDRESS				SIDENCE A FARM?
NAME OF DECEASED (Type or print)	Elsie	Middle Irene	Buhrman	4. DATE III DEATH	Nov.	16 Day	Yeor 19 59
sex Fomalo	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	Oct. 11, 1	880 9. AGE	(In years IF UND prthdoy) Manth yrs	DOYS Hours	T
USUAL OCCUPAT during most of we OUSEWII	ION (Give kind of work done 10kgrking life, even if retired)	Own Home	STRY 11. BIRTHPLACE (Stole of Maryl		12 (	U.S.	
FATHER'S NAME	H. Buhrman		14. MOTHER'S MAIDEN N	<sub>ME</sub> Jane Bul	hrman		
NO NO	/ER IN U. S. ARMED FORCES?		neodore Buhr		Address Smithsb	urg, Md	. RE
PART J. DI	ony, which immediate g the under (c)	erebral Hemo eneraliz d A	rts.iosclero			5 Yr	D DEATH
Í	THER SIGNIFICANT CONDITIONS	SCRIBE HOW INJURY OCCURRE	_			PERF	ORMED?
	G CAUSE OF DEATH Y MEDICAL EXAMINER]  JRY Month, Doy, Yeor 20d Whil	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. (City or town		(County)	(Slate
21. I certify alive an	that I attended the deced 11-12 199 Larle So. 24 Charles F. He	59, and that death		Mam the co	uses and an 1 y or town, state)	the date state	decease ed abave tre signe 6 - 59
220. BURIAL, CREMATI Burial Burial	ON, 22b. DATE THEREOF 11-19-59	22c NAME OF CEMETERY CO		22d. LOCATION (CI		y) (Sto	ote)
Raymond	r's signature E. Croagor	ADDRESS Thurmont, M		BY REGISTRAR	246. REGISTRAR'S	SIGNATURE S. Krama	

funeral director, uld be filed with leoth. Page 4 should 2.4 puo and camplemy filled in bon papers. Pages 1 and on papers. death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Then please remove corbon may be retain. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an page 3 should be detached for use as the burial-transit permit. Then please remove corbothe registrar prior to burial, cremotian, or remayal, and in any event within 72 hours after the registrar prior to burial, cremotian, or remayal, and in any event within 72 hours after the registrar prior to burial, cremotian, or remayal, and in any event within 72 hours after the registrar prior to burial.

TO HOSPITAL VS A15 (4) 15M 9/5B



# 19592

#### **CERTIFICATE OF DEATH**

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				and the same of the same of	· ·
derick	MARYLAND		land 🔭	Fr (	ederi <b>c</b> k
	c. LENGTH OF STAY IN 16		*		nd give nearest town)
	weeks	X Rural	Middlet	town	
AL (If not in haspital, give st	treet oddress)	/d. STREET ADDRESS			1S RESIDENCE     ON A FARM?     YES    NO [
find Charles	Middle R. Bu	tts	4. DATE OF DEATH	Manth 11	214 1959
trhi to	_	8. DATE OF BIRTH 1/22/1897	9. AGE lost		DER 1 YEAR IF UNDER 24 H
king life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote of Maryland	or foreign country)	12	U.S.
		14. MOTHER'S MAIDEN N	AME		
n E. Butts		Martha	L. Pfei:	fer	
		NFORMANT		Address	n, Md.
the under- DUE TO	Pheumoti DNS CONTRIBUTING TO DEATH BUT	head X	Tisease COND	DITION GIVEN IN	PART 1(o) 19. WAS AUTOP PERFORMED? YES IN NO I
AS UNDERLYING 1 206. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	Port I ar Port II of it	em 18.)	125 (140 (
W	Vhile Not while fo			n)	(County) (Sta
at I attended the dec	17/1			suses and on	last saw the deceas the date stated abor DATE SIGN
N, 22b DATE THEREOF		OR CREMATORY	22d LOCATION (C		
11/27/19			od Zem.	, Frede	rick Co., I
C CICLIATURE	ADDRESS	- prott	BY DECICED AD	OH BEGISTER BIS	
	dletown, Md.	[	V 3 0 '59	24b. REGISTRAR'S	S. Kraue
	derick foutside carporate limits, we serest town)  AL (If not in haspital, give serest town)  AL (If not in haspital, give serest town)  AL (If not in haspital, give serest town)  Charles  Charles  Charles  Charles  Charles  Charles  Charles  WIL  ON (Give kind af work done king life, even if retired)  In  Butts  R IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)  ATH (Enter only ane couse)  ITH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  DUE TO  ONLY, which  MER SIGNIFICANT CONDITION  AS UNDERLYING []  CAUSE OF DEATH  MEDICAL EXAMINER)  Y Month, Doy, Yeor  19  ONLY  A Talbo  N, 22b DATE THEREOF  11/27/19	derick foutside carporate limits, write corest town)  First  Weeks  AL (If not in haspital, give street oddress)  First  Middle  Charles R. Bu  Charles R. Bu  Charles R. Bu  ON (Give kind of work done ling life, even if retired)  Pailroad  Tailroad  Tailroad  The Butts  R IN U. S. ARMED FORCES?  If yes, give wor or deten of service)  Out (Give kind of work done ling life, even if retired)  The Butts  R IN U. S. ARMED FORCES?  If yes, give wor or deten of service)  Out To  Out (Give kind of work done ling life, even if retired)  The Butts  R IN U. S. ARMED FORCES?  If yes, give wor or deten of service)  Out To  Out (Give kind of work done ling life, even if retired)  The Butts  R IN U. S. ARMED FORCES?  If yes, give wor or deten of service)  Out To  Out (Give kind of work done ling life, even if retired)  Out To  Out (Give kind of work done ling life, even if retired)  The Butts  R IN U. S. ARMED FORCES?  If SOCIAL SECURITY NO.  If yes, give wor or deten of service)  Out To  Out To  Out To  Out To  White Under:  Out To  Out	derick  fouride carporate limits, write corest lown)  Weeks  AL (If not in haspital, give street oddress)  AL (If not in haspital, give street oddress)  AL (If not in haspital, give street oddress)  First  White  Charles  R. Butts  6 COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED  NATYLAND  NATYLAND  NATYLAND  NATYLAND  1.22/1897  NA (Give kind of work done in 10b. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (Stote ining life, even if retired)  PAIL TO AD  NATYLAND  AL (Henter only one couse per line for (o), (b), ond (c) the sunder of the under t	derick  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. o. STATE  Laryland b. C. CITY OR TOWN (If outside corporate limits, write occurs town)  AL (If not in hospital, give street oddress)  AL (If not in hospital, give street oddress)  AL (If not in hospital, give street oddress)  First  Charles  R.  Butts  Charles  R.  Butts  Charles  R.  Butts  OFATH  OFATH	derick  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residential carpetrate limits, write b. COUNTY Fr. of STATE Liaryland b. COUNTY Fr. of ST

TO HOSPITAL (ITENDING PRYSICIAL): The lam requires that the death certificate by executed within 24 haurs) and death. Pagmay be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral direct page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B

death. Page 4 funeral director



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Hospital Records

Frederick - nd.

Frank 11-4-59 Ebernszer
Smarkes E. Hidis Fedus, M. Pld

Fred. to. Maryland

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

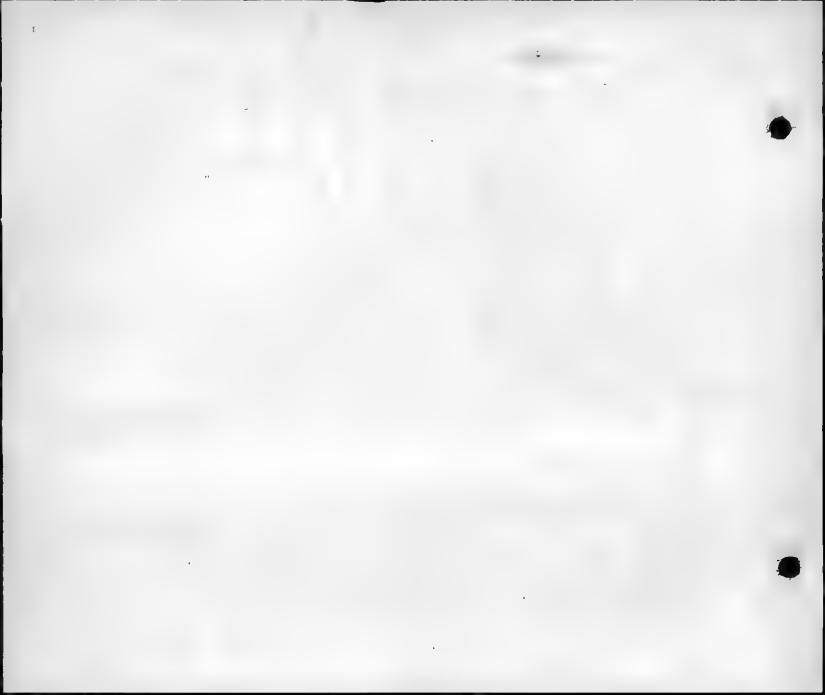
12528

CEDTIFICATE OF DEATH

	10000	CERTIFIC	AIE OF DEATE	1	Reg. Dist. No.
I. PLACE OF DEATH  E. COUNTY  RED	ERICK	MARYLAND	MARYLAN	6 COUNTY	REDERICK
b. CITY OR TOWN I		c. LENGTH OF STAY IN 16	Il a de la	sulside corporale limits, write li	URAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	IAL (If not in hospital, give street	oddress)	d. STREET ADDRESS	32010	e. IS RESIDENCE ON A FARM? YES NO 12
3. NAME OF DECEASED (Type or print)	JENIVIE		CRUM	4 DATE Mor	Day Year 2 7 19 50
S. SEX	6. COLOR OR RACE 7 MAR		B. DATE OF BIRTH	874 Syrs.	Months Days Hours Min
HOUSE M	ON (Give kind of work done 10b king life, even if retired)	KIND OF BUSINESS OR INDI	MARY	LAND	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	BAER		ANNIE	RAMSBU	IRG.
(Yes no or unknown)	[If yes, give war or dates of service)	NONE N	RS LAMAR	BARRICK !	LOODSBORO MI
		HRCINOMA C	STOMHCI	+	ONSET AND DEATH
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the under-				
	/	CONTRIBUTING TO DEATH BU	41	NAL DISEASE CONDITION GIVES E FIS E	VEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 123
OR CONTRIBUTING		SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJUI Hour s. m. p. m.	RY Month, Day, Year 20d. 19 Of wa	Not while fi	IACE OF INJURY IHome, form actory, street, office bldg., etc	20f (City or town)	(County) (State)
21. I certify the	nat I attended the decea	sed fromi	e 19 59, to		J.,that I last saw the deceased
ACTUAL SIGNATURE	Dihard C	Rymelics	MD. Heek	ADDRESS (Street, city or town,	
PHYSICIAN'S NAME (Type)	PICHARD	C REYNOL	DS FR	EDERICK	MA
REMOVAL Specify	11/29/59	MT HOP	E CEM.	WODDSB	or county) (State)
23. SHINERALDIRECTOR	S SIGNATURE orver	MARIES SCALLER	O Med 240 REC' DATE DE	- 4 100	STRAR'S SIGNATURE

TO HOSPITAL OF

VS A15 (4) 15M 10/57



(County)

Frederick

Frederick

(State)

(Stote)

Md.

-	12539	CERTIFICA	AIE OF DEATH	Reg. Dist. N	ło.
-	1. PLACE OF DEATH O. COUNTY FREDERICK	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE A VIA A	sed lived. If institution, Residence be b. COUNTY	Howard WAY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  FRECER CR	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	parate limits, write PURAL and give	nearest town)  3 × - 2
,	d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION.  FREDERICK MEMORIA	1 11 1	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES (2) NO [
	3. NAME OF DECEASED (Type or print) VINCENT	Eugene	DORSCY 4. DATE OF DEAT	. /	Day Year 1954
	5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER I YE lost birthday) Months Day	AR IF UNDER 24 HRS.

	nA	0	000	~ ^	WINDOWER T	DIVORCED	INAL	21 /	9-9	lost birthday]	Months Do	ys Hours	Min.
			neg		WIDOWED		11101.		13/	yrs.	-	1 2.	
10a	. USUAL	OCCUPATION	N (Give kh	nd of work	done 10b. KIND O	F BUSINESS OR IN	IDUSTRY 11. BII	RTHPLACE (S	lote or foreign	country)	12. CITIZE	N OF WHAT	T COUNTRY
	auring	most of worki	ng life, evi	en if setired;	' /	VONE		Fre	D8.716	CK MD	121	. S.K.	7.
13.	FATHER'	SNAME			Ó		14. MOT	HER'S MAID	EN NAME	,			
	R	Alph	T	hon	AS C	llis	M	ARY	Eli:	rabeth	Do	RSZY	f
	WAS DE	CEASED EVER		ARMED FOR		SECURITY NO. 1	7. INFORMANT	,		Addr	ess		
{Tet	. 80. OF UR	known) '   {	t hear draw and	or or dates of s	arvice)	70	1.1	BCD.	201	Dans	~ MC	- 1	
	-//			10		RONE		03/1	000	16000	1/3.		
	IB CA	USE OF DEAT	H Enter	only one co	use per line for (c	), (b), ond (c).]						INTERVAL BE	
		PART 1. DEAT	H WAS CA	AUSED BY:	IME	11/0/11	W10411	1A.201	TOIRS	YIII Weike	1440	ONSET AND	DEATH
		* 7 * 1	7	DUE 10									
	Cond	itions, if on	y, which	) lb	Suff	ocation,	Accid	ental					
		rise to im		DUE TO									
		(o), stating t	he <u>under-</u>	( DOL 10									
	lying	couse lost.		) (c	)								
ATION		PART II. OTH	ER SIGNIFI	CANT CON	DITIONS CONTRIB	UTING TO DEATH	BUT NOT RELAT	ED TO THE T	ERMINAL DISEA	SE CONDITION GIV	EN IN PART I	PEREC	AUTOPSY DRMED?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Not while of work foctory, street, office bldg., etc.)

MEDICAL p. m. 21. I certify that I attended the deceased fram. \_\_\_\_\_\_, ta\_\_\_\_\_\_\_\_, 19\_\_\_\_\_, that I last saw the deceased and that death accurred at\_\_\_\_\_ M, from the causes and an the date stated above. alive on

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22d. LOCATION 22c. NAME. OR CREMATORY (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

O HOSPITAL

may be retain TO FUNERAL DI VS A1S (4) 1SM 9/SS

uneral director, vid be filled with

a physician and campletely filled in by remove carbon papers. Pages 1 and 2 sha

ooth.

the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after

CERTIFIC

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detoched for use as the burial-transit

page 3 shauld be

permit.

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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after After this certificate has been signed by the attending physician and campletely filled



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FC	R STATE	
HEA	LTH DEPT.	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12530

	7-95-7-0				Reg. Dist. No.				
PLACE OF DEATH	TROAD		11	Where deceased lived. If instituti	on: Residence before admission)				
	rederick	MARYLAND	o. STATE Ma	ryland b COUNTY	Frederick				
b. CITY OR TOWN (	Louiside corporate iimits, write RUPAL	c LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporate I mits, write R	URAL and give nearest town)				
Frederic	<u> </u>	Days	fr Fr	rederick					
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in ho	spital, give street address)	d STREET ADDRESS		e IS RES DENCE				
Everedy Con	pany, 340 East Pa	trick Street	345 Eas	t Second Street	YES NO ES				
3 NAME OF DECEASED	First	Middle	Last	4 DATE Month	Day Year				
(Type or print)	JOHN	SAMUEL	EICHOLTZ	DEATH NOVem	ber 3, 1959				
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED   8	DATE OF BIRTH	9 AGE (In years (	FUNDER TYEAR IF UNDER 24 HES				
Male	White WHOOME	D DIVORCED	November 17,	1890 68 yrs.	Menths Days Hours Min.				
100 USUAL OCCUPAT	ON (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OF INDUST	RY H. BIRTHPLACE (SION	ar fareign country)	12. CITIZEN OF WHAT COUNTRY				
Firemar	ng ilie, even ir resired)	Everddy Company	Mary	land	USA				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
Jo	hn A. Eicholtz		Bett	y Strine					
15 WAS DECEASED EN	PER IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO 17 IN	FORMANT	Address	AA. 19				
No. or unknown)	(Il yas, give war or dates of service)	21h-10-1313 Mr	s. Gertrude	K. Eicholtz-Sam	eas Item-#2				
	ITH [Enter only one couse per line	_ '			NTERVAL BLTWEEN				
	TH WAS CAUSED BY:	RONARY OCCLUSIO	iAT		Minutes				
11201	IMMEDIATE CAOSE (d)	TOWNELL COULDS TO	44						
460.	Conditions, if ony, which) by HYPERTENSION								
	gove rise to immediate cause (D)								
	(a), stating the underlying DUE TO								
cause last.	J (c)	OLGER PARTY OF THE PARTY OF	OV SCLATED TO THE TROP						
2	HER SIGNIFICANT CONDITIONS CO	ALKIBOTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
20g. EXTERNAL CA	USE WAS 206 DESCRIB	E HOW INJURY OCCURRED (E	nter nature of injury in Po	rt I or Part II of item 18.)					
3 20c. TIME OF INJU	IRY Month, Day, Year 20d.	INJURY OCCURRED 20e PLAC	E OF INJURY (Home, for	m. (20f. (City or lown)	(County) (State)				
20c. TIME OF INJU	White of we	e Nai while facto	ry, street, office bldg., etc	-)					
	hat I taak charge of the		ve held an Autoni	y , Inspection A.	Inquiry (A)				
	resulted fram: Natural	-			Inquiry [A], and in my				
- J				, Olideiell	mico munici				
ACTUAL SIGNATURE	Blown		_M.D. CHIEF MEDICAL E		DATE SIGNED				
EXAMINER'S	0 51 11		ASSISTANT MEDIC	35	17 /1./٢0				
	. O. Thomas, M.		DEPUTY MEDICAL		11/4/59				
REMOVAL (Specify	Non 7 7 7 7 7	22c NAME OF CEMETERY OR		22d. LOCATION (City, town, or					
Burial	Nov. 7, 1959	Mount Olivet		Frederick,	Maryland				
23. FUNERAL DIRECTO					RAR'S SIGNATURE				
M. H. Etch	nison & Son, Fred	ierick, marytan	.C. DATEN	OV 5 '59 Cal	huy I traves				

TO DEPUTY MEFCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, plead execute the control of the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and I to the functal form Pages 1, 2, and I to the functal form Pages 1. 2, and I to the functal form the form Pages 1. 2, and I to the functal form the form Pages 1. 2, and I to the functal form the form the form Pages 2 and I to the fold form the form the folders of the folders of the form or its designated agent, print to burial, cremation, ar removal, and in pay event within 72 hours after death.

VS. A15ME 5M 2/57



MARYLAND

c LENGTH OF STAY IN 16

2 Years

12531

(Stote)

(County)

TE OF DEATH		Ř	eg. Dist.	Ne.	
2. USUAL RESIDENCE (Where deceased o STATE			Residence	before	admissio
Maryland	ь, с	OUNTY	Fred	eri	ek

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.F.D.#2

20f. (City or lawn)

IS DECIDENCE

	d. NAME OF HOSPITA OR INSTITUTION Three Pine	u (If not in hospital, g		d. STREET ADDRESS Lime	Kiln					FARM?	
3.	NAME OF	Fin	r)	Middle	Lost	4. DATE	Mon	th	De	y .	Yeor
	(Type or print)	BER	TIE	MAY	FEAGA	OF DEATH	Nove	mber	2	0,	19 59
5. SEX   6. COLOR OR RACE   7. MARRIED				NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UND	ER 24 HRS,
	Female	White	WIDOWED	DIVORCED [	January 6,	1872	87 yrs.	Months	Doys	Hours	Min,
0	during most of working House-work	ing life, even if retired)		of ausiness or indu At Home	JSTRY 11 BIRTHPLACE (STORE	or foreign c yland	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
13	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
		Jacob F. Ba	er		Annie V	V. Mos	sburg				
15	, WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOCIAL	SECURITY NO. 17.	INFORMANT	1	57 la Mandet	dria (	WANI	10	

Ì	No	No	None	Mr. Lester B.	Feaga, Frederick	Maryland
		ATH [Enter only on ATH WAS CAUSED I IMMEDIATE CAUS		lige water	is delerois	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if a	ony, which )	b) Quite	Enterita		291/0
	cause (a), stating		то			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY PERFORMED? YES NO K

20e. PLACE OF INJURY IHome, form,

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I) of Item 18 )

20d. INJURY OCCURRED

MEDICAL factory, street, office bldg., etc.) Hour o. m. Not while of work of work .. 1957, that I lost saw the deceased 21. I certify that I attended the deceased from

and that death occurred at 4:45 P<sub>M</sub>, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED North Market Street ACTUAL SIGNATURE

H. F. Kline, M.D. Frederick, Maryland PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOYAL (Specify) Nov.23.1959 Mount Olivet Cemetery Maryland Frederick. 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE DATE NOV 2 4 '59 arthur & Krans M. R. Etchison & Son, Frederick, Maryland

be filed ۳. physician and completely popers. carbon as the burial-transit detached for use 108 the registrar priar 3 should may be refu

CERTIFICATION

20c. TIME OF INJURY Month.

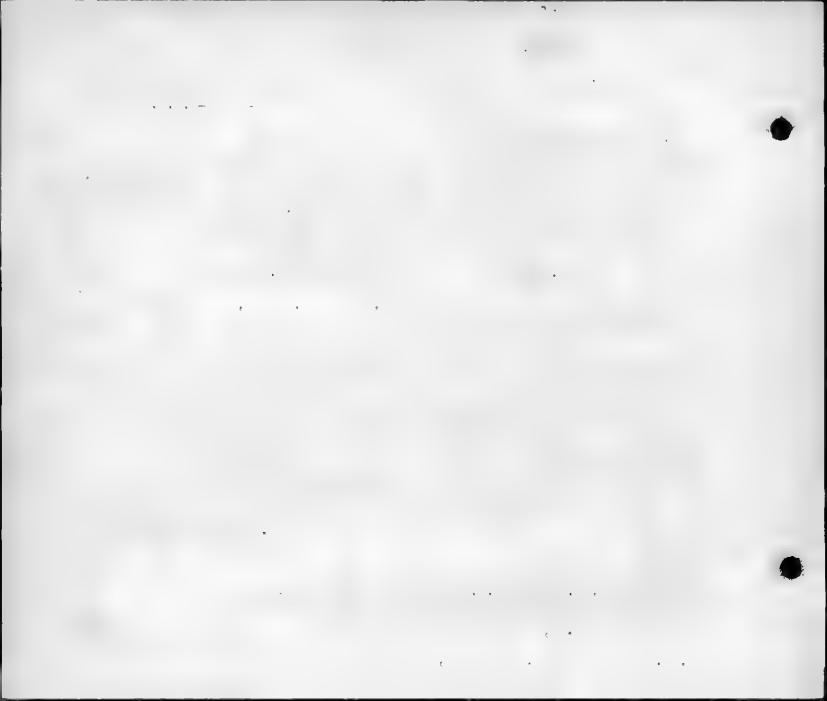
Doy, Year

requires that the death sertificate to executed within 24 hours after teath. Tage 4

PLACE OF DEATH o. COUNTY

Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Frederick

VS A15 (4) 15M 9/55

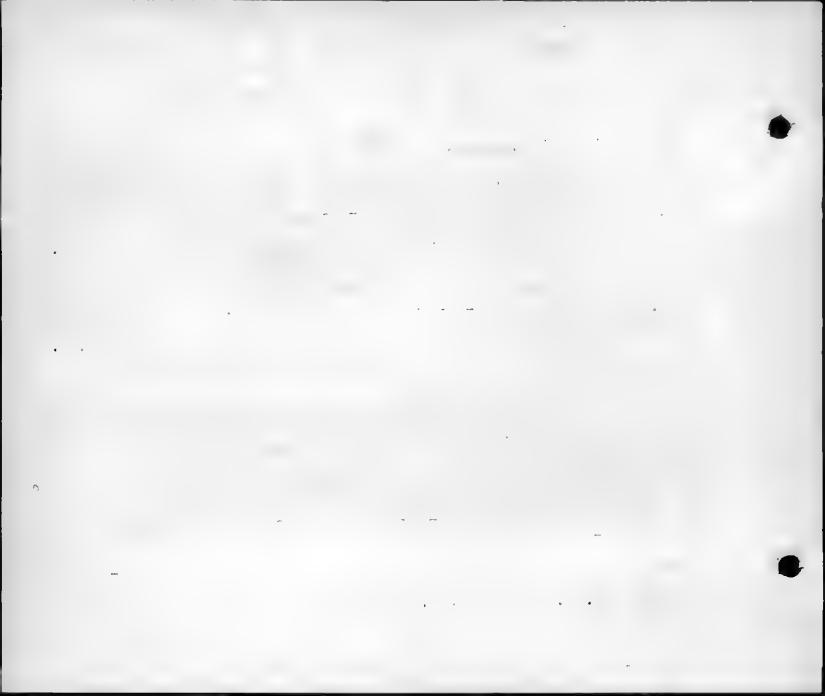


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itate has been signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be at remaval, and in any event within 72 hours after death.

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TO HOSPITAL OPATTIBILING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 grown may be retained the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the reasistrar prior to burial, cremation or removal and in any event within 72 hours after death
T ve	음 415	ras.
15/	110	/57

	12566	CERTIFICA	ALE OF DEATH	Reg. Dist.	Reg. Dist. No.					
	PLACE OF DEATH COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where decease a STATE	ed lived. If institution Residence is COUNTY  Carroll	before admission)					
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give no							
	Cullen, ad.	2 295 days	Union Bridge	06 X						
L	d. NAME OF HOSPITAL (If not in hospital, give street or institution Victor Cullen State	HOSD.	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO 1					
	3 NAME OF First DECEASED	Middle	Lost 4. DATE	Month	Day Year					
	(Type or print) Claude H.	FOG	LE DEATH	November 8	9 19 50					
	5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years IF UNDER 1 Y						
	Male White WIDOW		7-19-1890	lost birthdoy) Months Do	ys Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if refired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign of	country) 12 CIT1ZE	N OF WHAT COUNTRY					
	Carpenter	Construction	Frederick Co	ninty II	S A					
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME							
V.	Jacob Fogle		Emma Stitely	r						
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	VFORMANT	Address						
	No. 2	12-16-8435	Hospital Chart							
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]			INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: Far	Advanced Pu	1monary Tubercu	losis	ONSET AND DEATH					
	OOQX DUE TO									
	Conditions, if any, which ) (b)									
	gave rise to immediate Cause (a), stating the under-									
	lying cause last. (c)									
	PART 11. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART I	o) 19. WAS AUTOPSY					
	3 Advanced Pulmonary	Emphysema			PERFORMED? YES NO IN					
	PART II. OTHER SIGNIFICANT CONDITIONS CO. Advanced Pulmonary  200. Accident was underlying [] 20b. Desc. OF CONTRIBUTING [] CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRED	). (Enter noture of injury in Part I ar Pa	rt 11 of item 18.)	7 - 7					
			CE OF INJURY (Home, form, 20f (Cirtory, street, office bldg, etc.)	y or fown) [Cour	nly) (Stole)					
Ì	While at work	k ot work	ivij, ancei, once oneg, etc.)							
	21. I certify that I attended the decease	ed from 7-27-19	53, 19, 121-8	, 19 <u>59_</u> ,that I los	t saw the decease					
	alive on 11-7-1959 19		accurred at 12:05AM, fra	m the causes and on the	date stated above					
		17/		Street, city or town, state)	DATE SIGNE					
	signature	Hal.	o Cullen Md		8 1050					
	PHYSICIAN'S T. F. Vestal	1. 7. D		**************************************						
	220. BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d LOCA	TION (City, town, or county)	(State)					
	Burial 11-10-59		Methodist Cem.	Union Bridge						
	29 FUNERAL DIRECTOR'S SIGNATURE	. ADDRESS	24a, REC'D BY REGIS							
	171 south Tiles & longs	44,40011/20	CAT DATE NOV 1 O							
		LAND LAND	ACCOUNT OF THE PARTY OF THE PAR	159 Orthur 1	77.4					



FUNERAL DIRECTOR: oge 3 shauld be detacl 0 VS A15 (4) 15M 9/58

REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S SIGNATURE

H.G. Bourne. 22b. DATE THEREOF

NAME (Type) Dr.

220. BUR AL. CREMATION.

**ADDRESS** Frederick, Maryland

22c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

Frederick, Maryland 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE NOV 1 2 '59

30 W. All Saints Street

22d. LOCATION (City, lown, ar county)

C. Thung & House

Year

1959

(Stote)

(Stote)



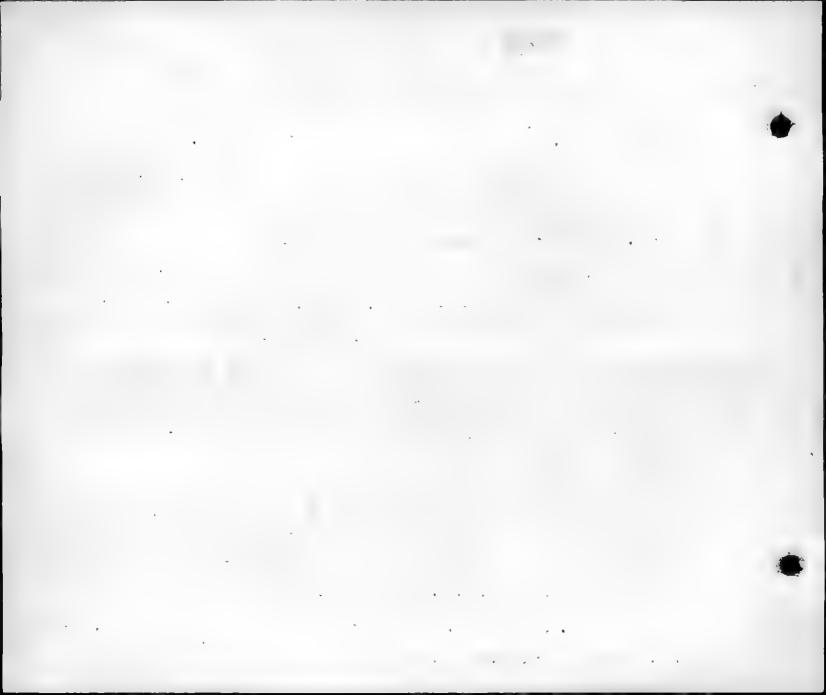
Fac Dist No.

								11031 0131		
1. PLACE OF DEATH o. COUNTY F1	ederick		MARYLA	n s	AL RESIDENCE (W	here deceased live	d. If instituti b. COUNTY		deric	_
b. CITY OR TOWN I RURAL and give in Freder	If autside corporate limi earest town ICK	ts, write	c. LENGTH OF STAY IN	1b c. C	Frederic		imits, write R	URAL and giv	re necrest	lown)
or natitution 126 KLir	TAL (If not in hospitol, g	ive street	address)	/ d :	126 K	Cline Blv	d.		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir CHAE	RLES	Middle JOSEPH	I	Lost FULMER	4. DATE OF DEATH	Nov	m ember	Doy 1,	Yeor 19 59
5 SEX Male	6. COLOR OR RACE	7 MARE	RIED NEVER MARRIED  ED DIVORCED	- :	OF BIRTH 5, 1874	9 6	GE (In years st birthday) yrs.		YEAR IF U	NDER 24 HRS urs Min
Retired	ON (Give kind of work i king life, even if relired Carpenter	done 10b.	KIND OF BUSINESS OR I Building		Marylar	nd	rl	12. CITIZE	USA	AT COUNTRY?
13. FATHER'S NAME  John	L. Fulmer			14. M	other's maiden i Sat	<sub>rah Rebec</sub>	ca Hin	es		
15 WAS DECEASEDEY	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	INFORMA	NT		Add	ress		-
(Yes, no. or unknown)	(If yes, give war or dates of s	Sunicel 5	12-14-7552	Mr. Ro	ger M. Fu	ılmer, Sa	me as	Item #	2	
Conditions, if a gove rise to cause (a), stating lying couse lost.  PART II DE COUSE COURT W.	The under-	DETIONS C	Servit CONFUBUTING TO DIATE CRIBE HOW INJURY OCC	le_	Any	enso	phi	VEN IN PART I	PE	AS AUTOPSY RFORMED NO
	MEDICAL EXAMINER) RY Month, Day, Yes 19	While			NJURY (Home farmet, office bldg , etc		awn)	(Co	unity)	(State)
21. I certify to alive an	Robert	deceas ., 19_3	sed from 6- 57 and that do	. ()	red at 12:10 Shopping	M, from the ADDRESS (Street, Center	causes ar	d an the	date sta	e deceased ited abave. DATE SIGNED /59
	Robert D. C				Frederic			an place and the con-	to able to me the delimited	M
REMOVAL Specify Burial	Nov.4,19		Mt. Zion			22d. LOCATION	. ,	c County		(Stole) <b>Varylan</b>
23. FUNERAL DIRECTOR		-	ADDRESS		24a. REC	'D 8Y REGISTRAR	1	STRAR'S SIGN		
M. R. Etcl	nison & Son	, Fre	derick, Mary	yLand	DATE N	DV 5 '59	Ch	ilun 8. t	trava	

fungral director, death. Page 4 may be retain. To the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by 7.75 for page 3 should be detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should the registrar prior to burial, cremotion, ar removal, and in any event within 72 hours ofter death. TINDING FINASICIAN: The low mayines that the death merificate bill executed within 21 hours TO HOSPITAL G

VS A15 (4) 15M 9/58



Page

death.



e. IS RESIDENCE

ON A FARM?

YES NO.

Year

19

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

Hours

ONSET AND DEATH

0 100

PERFORMED?

YES NO

(State)

Reg. Dist. No.

Months Days

Frederick

**CERTIFICATE OF DEATH** 12544 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institutions Residence before admission) a. COUNTY o STATE **b.** COUNTY MARYLAND Frederick Maryland b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown) Frederick life Frederick d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 1200 N. Market Street 1200 North Market Street NAME OF 4. DATE Middle Last DECEASED Gilbert Charles Nevember Harry (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX 8. DATE OF SIRTH lost birthdoy) WIDOWED | DIVORCED [ Male White 1886 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Barber Frederick, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Milbert Rebecca Glessner WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address No unknow 1200 N. Market ST. 214-10-2787 Mrs. Nannie V. Gilbert Frederick, Nanylanden 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 a 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of stem 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, farm, TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20f (City or town) factory, street, office bldg, etc.) O. m. While Not while at work ot work 19\_17 hat I last saw the deceased I certify that I attended the deceased from and that death accurred at 650 .M., fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) Dre Rex Re 22a. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Buri 21 Mt. Olivet Gemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 

East Church Street Frederick, Mi. 22d. LOCATION (City, Iown, or county) (Stote) Frederick, Maryland 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR arthur S. France Frederick, Maryland DATE

9 VS A15 (4) 1SM 9/S8



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

9		1	2	5	J	7	
Reg.	Dist.	No.					

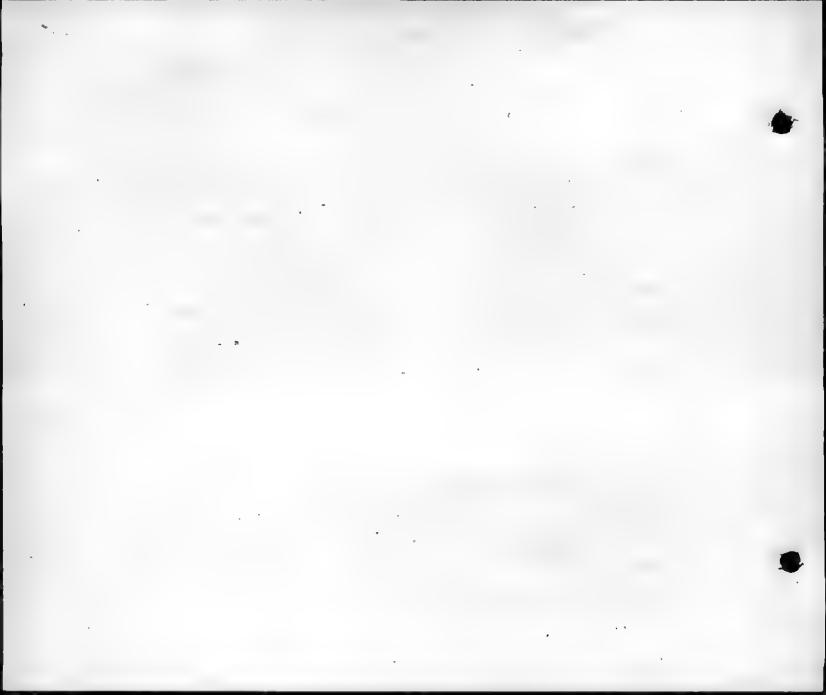
												_
		COUNTY A	4 8 .			11	USUAL RESIDENCE	(Where deceos	ed lived. If instituti		before admi	ssion)
		R	DIRI	CA	MARY	LAND	A	RY-1	E. COUNTY	F/1 &	1221	23/
	Ŀ	CITY OR TOWN (I RURAL and give ne	f outside corporate	timits, write	LENGTH OF STAY	IN Ib	E. CITY OR TOWN	(If oulside corp	porate limits, write R	URAL and giv	ve nearest tov	vn)
		HEAR L		1000	SI FR	S	1.1212	" Flu	Lin130	N		
	,	I. NAME OF HOSPIT	AL (If not in hospite	I, give street or	ddress)		d. STREET ADDRES				e. IS RE	ESIDENCE
		OR INSTITUTION				//						A FARM?
	3. 1	NAME OF		First	Middle		Lost	4. DATE	Mor		Day	Year
	1	DECEASED Type or print)	DARAT	101 1	MARI		1 1 1 1	OF DEAT		V	- 15	1954
	5 5		16. COLOR OR RA	74 Z- /+	D NEVER MARRI		DATE OF BIRTH		9. AGE (In years	FUNDER I	YEAR IF UNE	
	3	ELA'ALL	10/11/7			- 1	DO - I	0,7,	lost birthdoy)		loys Hours	1
		· F	1 / / / / L	WIDOWED		- 1/3	777 5 - 1	8 //	уп	120 517171		501017000
	IVO	during most of worl	ting life, even if ret	red)	IND OF BUSINESS O	K INDUSIK	III BIRIHPLACE (S	stole or toreign	country)	12. CHIZE	EN OF WHAT	COUNTRY?
, ,		HOUSE	VUIFE			- had	1.7.4	26			24	
1	13.	FATHER'S NAME					4 MOTHER'S MAID	EN NAME				
1		6.11.					Uin	111111				
		WAS DECEASED EVE	R IN U.S. ARMED		OCIAL SECURITY NO	. INFO	RMANT		Add	ress	RID	- 3
	(	VI 3	(1. ) (1. ) (1. )		/ -	13/	5 1 . UF1	FLDG	EVA73	FREE	DURIC	K MA
		18. CAUSE OF DEA	ITH [Enter only on	couse per line	For (o), (b), and (c).	]					INTERVAL 8	
		PART I, DEA	TH WAS CAUSED E	Y: It	itra era	12110	Heme	vrhas	۵		ONSET AN	
		4424	DUE DUE	- 1- /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , _ ,		D	**		60	10 401
		Conditions, if a			yperter		2 Card	10120	Ular Di	Seast	2	2 201
		gove rise to i	mmediate		The color	(3/6	7 2 2 2 1 1	, . , .		3" A 3 F	year	<i>-</i> (
		couse (a), stating	the under DUE	10								
	z	lying couse lost.	J J	(c)	WITHING TO DE	TIL BUT NO	T 051 4 750 TO THE	EDIAINIA DICEA	CE COMPITION OF	CONT. INT. O. A. D.T.	10 10 1464.0	ALLYODOV
	TIO.	PARI II. OTF	TER SIGNIFICANT C	ONDITIONS CC	INTRIBUTING TO DE	KIH BUING	OF RELATED TO THE I	EKMINAL DISCA	SE CONDITION GI	EN IN PAKE	PERF	ORMED?
	ξ			T							YES	] NO []
	CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEA	TH 20b. DESCR	RIBE HOW INJURY O	CCURRED (	Enter noture of injur	y in Port I or Po	ort It of item 18 }			
				(R)								
	MEDICAL	20c TIME OF INJUR Hour o.m.	Y Month, Doy,		URY OCCURRED		OF INJURY (Home, y, street, office bldg.		ly or town)	(Co	ounty)	(Stote)
	MEC	p. m.		9 While of work	Not while							
		21. I certify th	at Lattended I	he decease	d fram M 3	14	1959 10	NOV	1959	that I last	t saw the	deceased
		alive an	NOV.	13 10 5	4, and that	death a	curred at 1/4.	AM from	the couses or	d an the	date state	ad abave
		0,,,,,	nylis is		// dira illai	acani a	corred dezz		Street, city or town,			ATE SIGNED
		ACTUAL	110,76	Lecte	4111		22	Fitting	4. 2240		111	11.154
1		SIGNATURE	C & CC)			M.E		CA COLLEGE	7-12			/
		PHYSICIAN'S NAME (Type)			FORTLIN	10011	1 CBEMA	TARY V	that the second	F . 4	T,	
	220	BURIAL, CREMATIO	N. 22b. DATE THE	REDE	22c. NAME OF CEM				ATION (City, town,			
	,	REMOVAL (Specify)	1/201			D/ XI	S C 2-A		: :	/ //	(51)	ote)
	27	TALATICAL PUNERAL DIRECTOR		5 77	ADDRESS	4/1/1			TE / A	ISTRAR'S SIGN	ATLIDE	
		4	VIT-	,		11 Aug		REC'D BY REGI				
	1.	the comment	11 715 K	· 1 20 6 4	M. A. P.A.	21 NYA 3	ALC I DATE	MIIV Q	D3   C	Thun 8 :	Theres	

may be retaine. If the haspital or attending physician.

TO FUNERAL DEMECTOR: After this certificate has been signed by the attending physician and campletely fitted in by the funaral page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, ar removal, and in any event within 72 hays-refter death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

unaral director,~ Id be fifadw@th death. Page 4

VS A1S (4) 1SM 9/S8



arthur S. Kraus

DATE NOV 2 5 '59

	12569	CERTIFICA	AIE OF DEATH	R	leg. Dist. No.
1.	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (When STATE Maryland	re deceased lived. If institution:	
	RURAL and give nearest town)	IGTH OF STAY IN 16		tside carparate limits, write RUR,	At and give nearest tawn)
	Rural- Myersville 20	3 = 4 000 111		rersville	
	d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION Route # . 1	)	d. street address Route #	<u> </u>	e. IS RESIDENCE ON A FARM? YES NO
3.	210222		OSSNICKLE	4. DATE Munth OF DEATH NOVEM	Doy Year 1ber 21 19 59
5.	SEX 6. COLOR OR RACE 7. MARRIED A	NEVER MARRIED	B. DATE OF BIRTH		JNDER I YEAR IF UNDER 24 HRS
ı	Male White WIDOWED	DIVORCED 🔲	October 21,	1903 56 yrs.	Manths Days Haurs Min.
10	o USUAL OCCUPATION (Give kind of work done 10b. KIND (during most of working life, even if retired)	OF BUSINESS OR INDU	STRY , 11. BIRTHPLACE (State of	r fareign country)	12 CITIZEN OF WHAT COUNTRY?
	Farmer Own G	en. Farm	Freder	ick Co. Md.	U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	C. Upton Grossnic	kle	Martha E	llen Leather	man
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL By, Ro, or unknown)	SECURITY NO	NFORMANT	Address	Rt.#1
Γ.	no   217-	10-922 <b>6</b> 1	Irs. Edna Gr	ossnickle, M	yersville, Md.
F	18. CAUSE OF DEATH [Enter only one cause per line for (	a), (b), and (c).]	:0 1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	inoma	y Recte	in	ONSET AND DEATH
	54X DUE TO	1	4		4
	Conditions, if any, which ) (b).	etartar	is to live	2.	
	DUETO				
П	lying cause last.				
CATION		BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HALD SEASE CONDITION GIVEN	I N PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 1 NO 17
CERTIF	200 ACCIDENT WAS UNDERLYING TO 1206 DESCRIPE OF	OWINJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II of item 1B)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY Haur a, m, p. m. 19 of wark of wark		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)		(Caunty) (State)
	21. I certify that I attended the deceased fro	m Addica	, 19.59, to O	of 21 1959th	at I last saw the deceased
	alive an (3ct 19 . 1859		- /		an the date stated above.
		/ /		DDR#\$\$ (Street, city or town, sto	
	ACTUAL SIGNATURE & Elmer A	arp-	M.D. Med	detoun	11-23-59
	PHYSICIAN'S JEIMER	HAR	<u> </u>		
22	REMOVAL (Specify)	rossnick		22d. LOCATION (City, town, or compared to the	
23		DDRESS			AR'S SIGNATURE

Mversville

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has b== signed by the attending physician page 3 shauld be detached for use as the burial-transit permit. Then please remave carl VS A15 [4] 15M 9/58

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should be

by 2

and campletely filled in ban papers. Pages I and

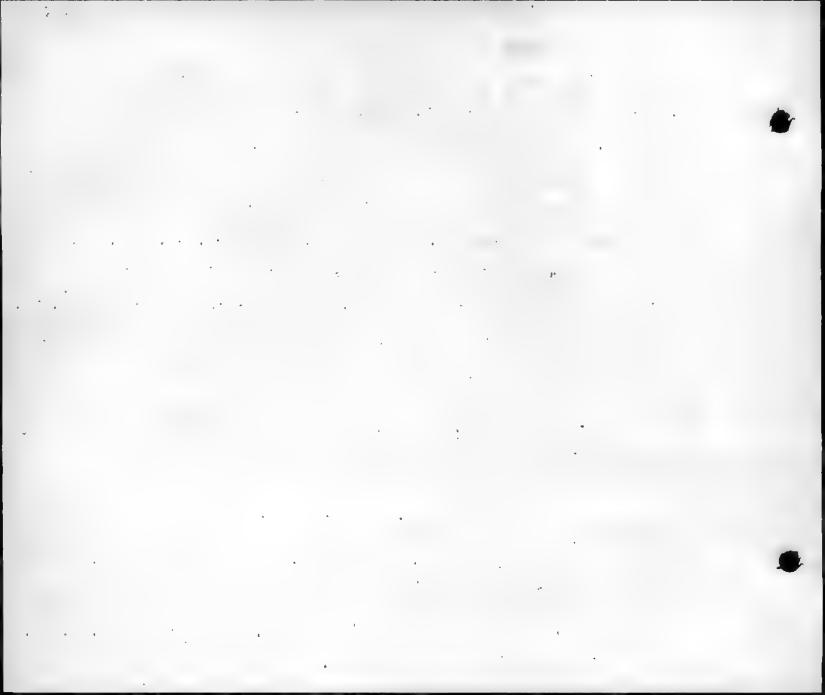
event within 72 hours after de

removal,

and

ecth. Page 4

INVINIAM: The law requires that the death curtificate be executed within 24 hours



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the contract, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral difficiar. Page 4 should be for anded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to file.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bowld of Health, or remayal, and in any event within 72 havrs after death.

VS ATSME 5M 2/57

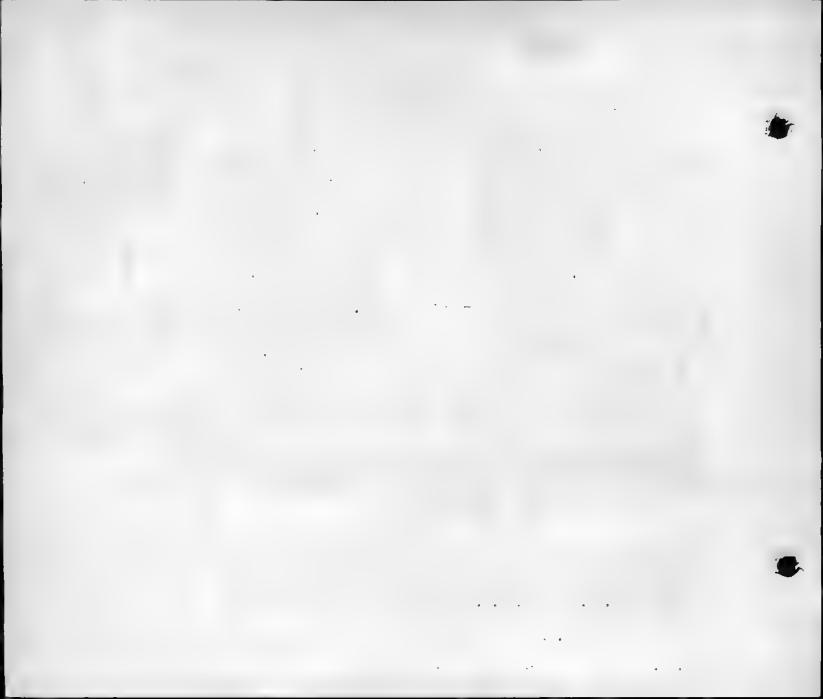
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12539

12545 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

ø		OF DEATH						DENCE (V	/hero decea	sed lived. If insti		ience befo	re odmiss on)
	o. COU	I	rederick			MARYLAND	o. STATE	Mary	land	₽ CON	r Fr	reder	ick
		OR TOWN (	Louiside cerporate Fm Is, write	RUFAL	c. LENGTH OF	STAY IN 16	c CITY OR	TOWN (IF	outside cor	par <mark>ote l</mark> imits, writ	RURAL on	d g ve nec	arest lown)
7		reder:			Life		11	Fred	erick				
	d. NAM	E OF HOSPIT	TAL OR INSTITUTION (	f not in hos	pitol, give street	oddress)	d. STREET A	DDRESS					S RESIDENTE
	216	East 1	Patrick Stre	et			21	Sout	h Jef	ferson S	treet		YES NO.
	3. NAME		Fire		Mid		Lost		4. DATE OF	Mon	th	Day	Yeor
	{Type or		JOHN		AR'	THUR	GRO	VE	DEATH	Nove	mber	30	1959
	5. SEX			7. MARRII	ED 🔲 NEVER M					9 AGE (In years for birthday) 55 yrs	IF UNDER		F UNDER 24 HRS
	Male		White	WIDOWE			1	1904			Months	Doys	Hours Min,
	AUZU col	L OCCUPATION OF WORKI	ON (Give kind of work on its, even if retired)	ione 10b. i	CONT. Deta	ss or industi rick	N 11. BIRTHPE	ACE (Stote	or foreign o	country)	12. CIT	USA	WHAT COUNTRY
	13. FATHE						14. MOTHER'S						
	13. 12.11		Lam D. Grove							ngevine			
			/ER IN U. S. ARMED FOI	arm cod	SOCIAL SECURIT		FORMANT			Addre	16		
l.	Yan no. No	)	(1. )4-2 @14 14 14 14 14 14 14 14 14 14 14 14 14 1	2.	14-10-31	.09 Mr	s. Joy	Ann W	elty-	Same as	Item #	<sup>‡</sup> 2	
2	NOT Some Source	litions, if crise to imme taling the tost, PART II, OT	HER SIGNIFICANT CON	DIFIONS CO		O TUB HTA3D O	OT RELATED TO	THE TERMI	INAL DISEAS			24e	ar f
	₹ 20c. T	IME OF INJU Hour o.m. p. m.	IRY Month, Day, Yes	White	INJURY OCCURR  Not while ork of work	facto	E OF INJURY (Firy, street, office			y or town)	(Co	ounty)	(Stole)
	opin	ion deoth	hat I took charge resulted from. I				, Suicide	EDICAL E	Homicide		, Inqui ermined		and in my
		AINER'S E (Type)	3. O. Thomas	s. M.I	0.				EXAMINER			12	/1/95
	220. BURIA	LL CREMATI	ON. 226 DATE THEREC		22c NAME OF	CEMETERY OR	CREMATORY		226 LOCA	TION (City, lown	or county)		(Stole)
	Buri		Dec.1,1	959		Olivet	Cemeter		Fre	derick,			ryland
	1		R'S SIGNATURE	_	ADDRESS	7			D BY REGIS	1	SISTRAR'S SI	GNATURE	
	I M. F	. Etcl	hison & Son	. Fre	derick.	Marviar	ldi	DATE DE	U 3 '	59 1 0	Thur S	#10010	4



Rea Dist No

	74070				48. NIST. 140.
PLACE OF DEATH		MARYLAND	D. STATE	nere deceased fixed. If institution.	
	derick		Maryla	Dea 4 the	rederi <b>k</b> k
b. CITY OR TOWN (I RURAL and give no FTC:	If outside corporate limits, wri legrest town) COPICK	te c LENGTH OF STAY IN 15	/O Frede:	outside corporate limits, write RUR/ rick	AL and give nearest town)
4 NAME OF HOSPIT	TAL (If not in hospital, give st	ree! address)	. d. STREET ADDRESS		e IS RESIDENCE
OR INSTITUTION	Taney Apts. Fi	rederick, Md.	]	ney Apts. Fred.	ON 4 5 4 0 14 2
3. NAME OF DECEASED (Type or print)	GEORGE First	WASHINGTON	HARRIS	4. DATE Month OF DEATH NOVEMbe	r 10, 19 59
s. sex	4479 6 4	AARRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH  January 11,		UNDER I YEAR IF UNDER 24 HRS Aonths Days Hours Min
IOa. JSUAL OCCUPATIO	ON (Give kind of work done)	10b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?
Retired Far	mer and Found	ery Worker	Maryland		U.S.A.
13. FATHER'S NAME			14 MOTHER'S MAIDEN N		
Willia	m Harris		Lucy Le		
	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	None N	ir. Austin C.	Harris Frederi	ck, Maryland
Conditions, if o gove rise to i cause (a), stating lying couse lost.	the under-	Genelar Genelar BU	yel arter	in selevin	2-gleen
CATIC					PERFORMED? YES NO D
	AS UNDERLYING 206. G CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II of item 18.)	
Y 20c. TIME OF INJUR Hour a. m. p. m.		Od. INJURY OCCURRED 20e. Pl hile Not while fo work at work	ACE OF INJURY (Hame, farm ctory, street, office bldg., etc	), 20f. (City or town)	(County) (State)
21. I certify th	nat I attended the dec	eased fram Isa	19.52-10_	VINT 10, 1965, th	at I last saw the deceased
alive an		959, and that deatl	accurred at_2(1/4	M, fram the causes and	an the date stated above
ACTUAL SIGNATURE	Thomas	E losso		ADDRESS (Street, city or town, sto	
PHYSICIAN'S NAME (Type)	Dr. Thomas E	Stone	M.D. 4 West	3rd Street Fre	derick, Maryland
220 BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d, LOCATION (City, town, or a	
Burial 23. FUNERAL DIRECTOR		Pleasant Hall		Yellow Springs	RAR'S SIGNATURE
Robert C	Dailey f.	Frederick, M	aryland DATE		47 S. Kraug

may be retained of the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the interior of funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the interior of funeral director.

Page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours other death.



# FOR STATE HEALTH DEPT.

N

TO DEPUTY MED 41 EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the control of the formal of the for

VS A15ME 5M 2/57

ALP.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12547 MEDICAL EXAMINER'S CE

R	TI	FI	C	A.	ŢΕ	$\Xi$	)F	D	)E	A'	TH	Reg.		- 1	2	5	4	4
												Reg.	Dist.	No:		V	-	1
		-						_				 	- 1990					

1. PLACE OF DEATH a. COUNTY F	rederick		MARYLAI	n. STATE	SIDENCE (Where de		nty Frede	ce before odmission)
Frederic		a BURAL C	40 Years	1b c. CITY O	Frederic	-	rite RURAL and (	give neores! lown)
	st Patrick		sl, give street oddress)	d. STREET	ADDRESS B-A West I	atrick S	treet	ON A FAR ?? YES NOT
3. NAME OF DECEASED (Type or print)	JOHN	GEORG	Middle OLIVER	HOFFMA	OF	Mann	enber	25, Year 1959
s. sex Male	6. COLOR OF RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	March 28		9 AGE (In years foot birthday) 52 ye	Months D	YEAR IF UNDER 24 HRS ays Hours Min.
100 USUAL OCCUPATI during most of works Chef 13. FATHER'S NAME	ON (Give kind of working life, even if retired)		o of Business or Ind ice Barriel	OUSTRY 11, BIRTHPI	LACE (State or foreign	n country)	12 CITIZI	USA
	has Waffman		The same is	IA. MOTHER'S	MAIDEN NAME	. Speaks		
15. WAS DECEASED EN	HUA HOTTHAN		CIAL SECURITY NO. 11	7. INFORMANT	Despte (	Addr	055	A
(Yes, no, or unknown)	WWII	211	-10-5435	irs. Mary	R. Hoffma			#2
PART I. DEA  4 0 f  Conditions, if c	diale cause	CORO	(a), (b), and (c).	SION				INTERVAL SETWETH ONST AND REATH Minutes
(a), stating the couse tast.  PART II. OT	(c)		RIBUTING TO DEATH BE	UT NOT RELATED TO	THE TERMINAL DIS	ASE CONDITION	GIVEN IN PART	I(a) 19. WAS AUTOPSY PERFORMED2
PART II. OT	USE WAS NTRIBUTING []	DESCRIBE H	DW INJURY OCCURRED	D (Enter nature of i	njury in Fort I or Far	1 It of item 18 )		YES NO A
Nour g. m. p. m.		While	Not while of work	PLACE OF INJURY ( factory, street, affice		Cily or fown)	(Сачл	(Stote)
1 1	resulted from:	Natural cau	nains described a uses 🎑 , Acciden		Autopsy [], le [], Hamici	Inspection <b>X</b> de <b></b> , Unde	I, Inquiry etermined mo	
ACTUAL SIGNATURE	anual	7. JU	Mag?	M.D. CHIEF /	MEDICAL EXAMINER			DATE SIGNED
EXAMINER'S NAME (Type)	James B. T	hemas			ANT MEDICAL EXAMINE	9237		11/25/59
22g BURIAL CREMATIC REMOVAL (Specify Burial	Nov. 28		NAME OF CEMETERY	_		CATION (City, tow	n, or county)	(Stote) Maryland
23. FUNERAL DIRECTO	E'S SIGNATURE		ADDRESS		24a. REC'D BY REC	SISTRAR 246. RE	GISTRAR'S SIGN	
M. R. Etc	hison & Son	, Frede	rick, Mary	Land	DATE NOV 3	3 0 '59	Colling &	France -

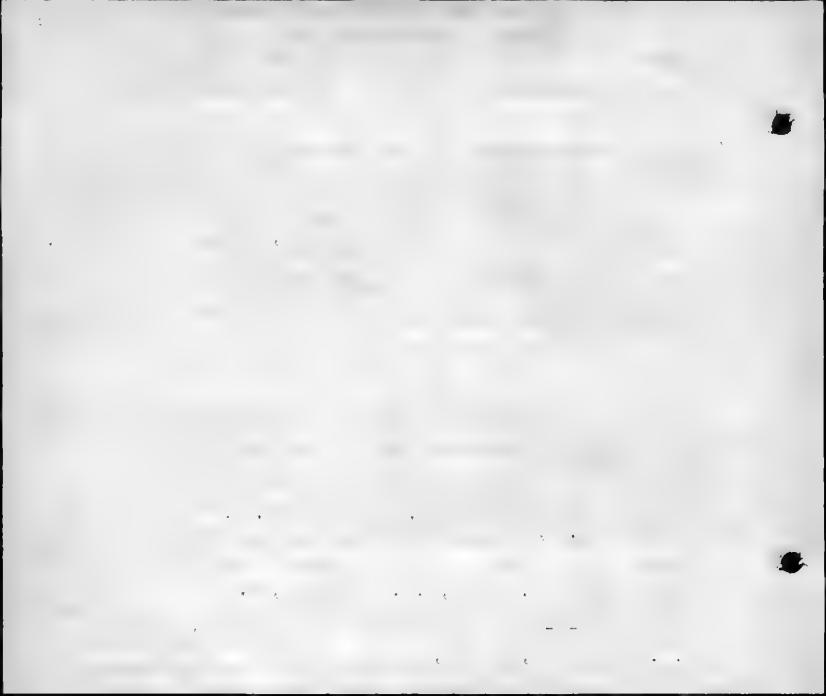


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12542 12548 **CERTIFICATE OF DEATH** Rea. Dist. No filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) e. COUNTY **b. COUNTY** MARYLAND Frederick narry b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 2 Hours Frederick JRUNSLU ICK d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? Frederick Memorial Hospital YES NO IX Sou The Make NAME OF OF DEATH DECEASED (Type or print) BABY HOFFMOSTER 19 55 MOU . 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7. B. DATE OF BIRTH 9. AGE (in years lost birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)

Frederick, Marylan 12. CITIZEN OF WHAT COUNTRY Frederick, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William M. Hoffmaster IS, WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). **DUE TO** Conditions, if ony, which gove rise to immediate coese (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) Not while at work of work Nov. 20, Nov. 26, .. 1959 that I last saw the deceased 21. I certify that I attended the deceased from,\_ \_\_\_\_, and that death occurred at 5.03 ft.M, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED Frederick Medical Center 26 Nov 1959 ACTUAL PHYSICIAN'S NAME (Type) Frederick J. Heldrich, M. D. Frederick, Md. 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BUTTAL (Specify) Mount Olivet Cemetery Frederick, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland VS A15 (4) 15M 9/55 DATE 10V 3 0 '59 Orthur S. Kraus



TO HOSPITAL OF ITENDING PHYSICIAN: The four requirements of the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and the filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buria, cremation, ar remayal, and in any event within 72 hour after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12543

	12549	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	TVRS0) SERVER	MARYLAND	2 USUAL RESIDENCE (Whe	re deceased lived. If institution b COUNTY	
b. CITY OR TOWN ( RURAL and give n	If outside carporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RUR	AL and give nearest town)
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	gddress)	. d. STREET ADDRESS	VARYIAND	e. IS RESIDENCE ON A FARM? YES NO N
3 NAME OF DECEASED (Type or print)	First JOHN	Middle ROSCOE	HOLT	4. DATE Month OF DEATH NOVEMBER	Day Yeor 22 19 59 6
5. SEX	Thise widow		Dec. 1, 1885	last by that yes.	UNDER 1 YEAR IF UNDER 24 HRS. Aanths Days Hours Min.
Officer i	ON (Give kind of wark dane 10b king life, even if retired)	KIND OF BUSINESS OR INDU Profossional S		r foreign country)	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	am R. Holt		14. MOTHER'S MAIDEN NA	ARBY	
[Yes, no, or unknown]	R IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service) World War L.		Mrs. Helen K.		Frederick-id.
	ATH [Enter only one couse per I ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (o), (b), and (c).]	1		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a gove rise to i couse (a), staling lying cause last.  PART II. OT	mmediate the under-	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IALD SEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
20g ACCIDENT W	AS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in Pa	ort I or Port II of item 18.)	YES NO
20c. TIME OF INJUR Hour a.m., p.m.	RY Month, Doy, Year 20d. White	t.	ACE OF INJURY (Home, farm, ctory, street, office bidg , etc.)	20f. (City or town)	(County) (State)
21. I certify the alive an	nat I attended the decea				at 1 last saw the deceased an the date stated above te) DATE SIGNED
PHYSICIAN'S NAME (Type)	Books B. O. Jh.	omas	M.D	nor 2:	-11959
220. BURIAL, CREMATIC REMOVAL-(Spec fy)	ON, 22b DATE THEREOF	225 NAME OF CEMETERY OF	r CREMATORY /cational	Pad. LOCATION (City, lawn, or Fort Myer	county) (State)
23. FUNERAL DIRECTOR	's SIGNATURE /	ederick n	246. REC'D	1.7	AR'S SIGNATURE J

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ond 2 shauld be filled with	H	,
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Poges		

NOSPITAL CKATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havins after death. Page 4 may be retain by the haspitalbor attending physician.

Funeral Diffector: After this certificate has been signed by the attending physician and campletely filled in by Livineral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

)	E	10	•	5.
1	5 . 5.M	A1.	5 ( /5	4) 5

L	12570	CERTIFICATE	OF DEATH	Reg. Dist.	No.
	. PLACE OF DEATH o. COUNTY Frederick	MARYLAND 8. 5	mary Pand	d lived. If institution, Residence b. COUNTY	wick
1	RURAL and give nearest town)		10 %	prote limits, write RURAL and giv	e nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		TREET ADDRESS	REXI.	o. IS RESIDENCE ON A FARM? YES NO 2
	3. NAME OF DECEASED (Type or print) CASSELL AL	Middle ASBURN HO	Lost 4. DATE OF DEATH	L L D L L L	Day Year
	5. SEX 6. COLOR OR RACE 7 MARRIED N WIDOWED	DIVORCED   B. DATE	of BIRTH -110.1912	9. AGE (In years IF UNDER 1 Months D.	YEAR IF UNDER 24 HRS. Oys Hours Min.
	Do. USUAL OCCUPATION (Give kind of work done 10b, KIND OF during most of working life, even if retired)	1			EN OF WHAT COUNTRY?
1	3. FATHER'S NAME	Rereit 14. M	OTHER'S MATTEN NAME	1 K	· S. A ·
	Emory In Houts	· 2	unnie m.	Cronise	
	(Yes, no. or unknown) , ; (If yes, give wor at dates of service)	6-7210 Huro &	,	Malker s-vill	c. mel.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) / / A.C.C.	(b), and (c).)	i's structed		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause lost.  DUE TO  DUE TO  (b)  DUE TO				
·	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1	(a) 19 WAS AUTOPSY PERFORMED? YES NO S
		W INJURY OCCURRED, (Enler	noture of injury in Port I or Pa	t II of ilem IB )	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC While Not p. m. 19 at work at or work at the control of the	while foctory, stre	NJURY (Home, form, 20f. (Cit et, office bldg., etc.)	y or town) (Con	enty) (State)
	21. I certify that I attended the deceased fram alive an	and that death accura	red at 4 22 M, fran Abbress (s	m the causes and an the	date stated above.
,	PHYSICIAN'S ERNEST A. I	DE 17. CRAPA		Buch to	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NA REMOVAL (Specify) 11/49/59 71.	ME OF CEMETERY OF CREMA	f 1 3	TION (City, town, or county)	(Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE ADE	press I	24a. REC'D BY REGIS DATE NOV 3 0 '5	TRAR 24b. REGISTRAR'S SIGN	ATURE



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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12548

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give negret) town) Rural Route 40 Balthmore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS PESIDENCE 2615 Dulaney Street YES NO IX 3. NAME OF DECEASED First Middle DATE Year 27 (Type or print) Carl Henry Jacobs DEATH November 59 19 6. COLOR OR RACE 17. MARRIED DEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYPART IF UNDER 24 HRS. 54 Months Days Hours White Male 1905 WIDOWED [7] DIVORCED T March 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 113. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland Roofer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nettie M. Poole Carl H. Jacobs 2615 Addulancy Street IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Yes World war Baltimore 23.Md. 24 Roland Jacobs INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: Puncture lacerations of the heart minutes IMMEDIATE CAUSE (o) DUE TO minutes Fractured sternum and ribss Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stoling the underlying COULD lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES DO NO 🗆 200. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) The auto that he was in ramed into back trailor truck 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year Mid (Stote) 20c. TIME OF INJURY 20f. (City or town) (County) Not while Route 40 11, Nr Myersville Frederick. of work of work

21. I certify that I took charge of the remains described above, held an Autopsy 27, Inspection 27, Inquiry 77, and find that death resulted from: Natural causes , Accident , Suicide . Homicide . Undetermined cause .

EXAMINER'S

NAME (Type)

CHIEF MEDICAL EXAMINER

DATE SIGNED

(Stote)

ACTUAL

O. Thomas . M. D.

22c. NAME OF CEMETERY OR CREMATORY

DEPUTY MEDICAL EXAMINERAL

ASSISTANT MEDICAL EXAMINER

November 28.1959

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

METHODIS **ADDRESS** 

24g, REC'D BY REGISTRAR

DORSE 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

VS. A1SME(S) SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

DATE DEC 1

Cillan & French



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	12551 CERTIFICATE OF DEATH  12547  Reg. Dist. No.
	PLACE OF DEATH O. COUNTY  FR & DRICK  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE  D. COUNTY  FR & DRICK
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Factoria
17	d. NAME OF HOSPITAL (If not in hospital, give street oddress) HOSPITAL (d. STREET ADDRESS OR INSTITUTION Redenick Memoria) /// Fairview Ave YES   NO
3	OFATH NOV. 1959
	6. COLOR OR RACE    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9 AGE (In years lost birthday)   Months   Days   Haurs   Min.
	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Nonce
5	James D. Boyer  14. MOTHER'S MAIDEN NAME  **EXHAGEN** Addie A. Baker
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT  YES, NO. OF UNKNOWN) [Il year, give wor or dates of service]  NO  TAMES F ZI MI MERAMAN FREEDRICK MY
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ACUTE MYO CARDIAL TRANSPORT  SWEET STATES OF THE STATES OF
	420, DUE TO Canditions, if any, which (b)
	gave rise to immediate case (a), stating the under-
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES A NO
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. 20f. (City or town) (Caunty) (State) p. m. 19 at work at work at work
	21. I certify that I attended the deceased fram, 1956, to 1-1- , 1959, that I last saw the deceased alive an 1-1-59, 19 , and that death occurred at 2-20 M, fram the causes and an the date stated above.
	ACTUAL AC
1	PHYSICIAN'S Rex R. MAZTIN Frederick, Md.
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	Burial Nov.4,1959 Lorraine Park Cemetery Baltimore County, Maryland 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249. REGISTRAR 246 REGISTRAR'S SIGNATURE
	M. R. Etchison & Son, Frederick, Maryland DATE NOV 5 '59 Cithin 2. House



Frederick, Maryland AMENOV 9

**ADDRESS** 

24g, REC'D BY REGISTRAR

24h REGISTRAR'S SIGNATURE

Cirthur S. Kraus

offending p eose within ă Ē baub buriol has offending FÜNERAL DIRECTOR: age 3 should be detact agad 0 VS A15 (4) 15M 9/5B

23. FUNBRAL DIRECTORY SIGNATURE

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Filled

and after

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papers.

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filed



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1254912552 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 'n a. COUNTY filed b. COUNTY MARYLAND 7911117 b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) þe RURAL and give nearest town! -Ceder d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO . 12 6 . 1 6 1. NAME OF Middle 4. DATE OF Month Day Year DECEASED (Type or print) DEATH 19 12 S. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months DIVORCED | WIDOWED [7] YES. 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laborer VIRCINIA carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknewn Unknown nave 17. INFORMANT 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Yes, no. of unknown (Same as item #1) Hospital Records Unk 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) hemorrhage 142 **DUE TO** Canditians, if any, which gave rise to immediate DUE TO cosse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port 1) of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hama, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while at work at wark 62.21 1952 that I last saw the deceased 21. I certify that I-attended the deceased fram and that death occurred at A M, fram the causes and an the date stated above. ACTUAL SIGNATURE 2 shauld PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) (Rmatric 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D 8Y REGISTRAR 246 REGISTRAR'S SIGNATURE arthur S. Kinas 15M 9/55



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VS A15 (4)

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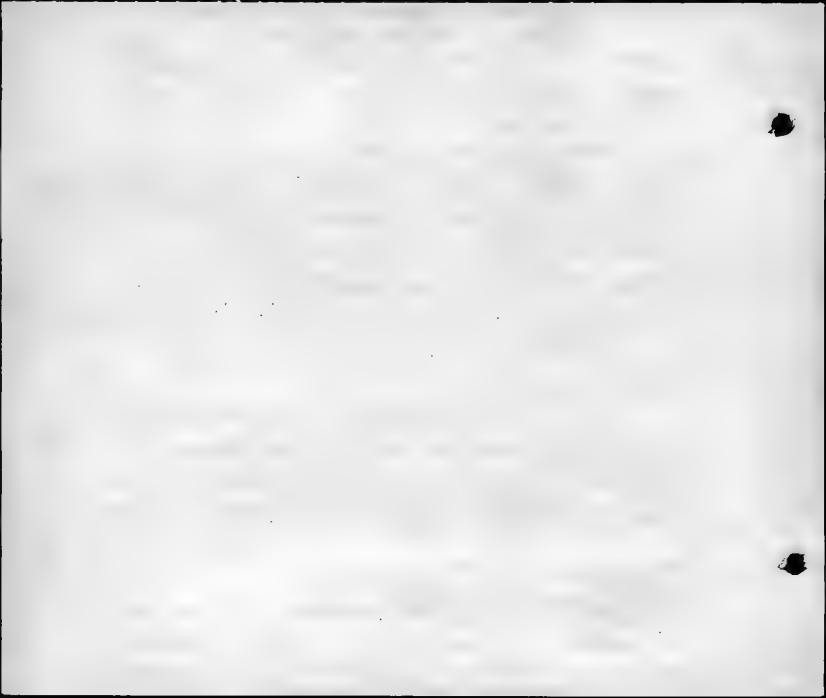
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12550

**CERTIFICATE OF DEATH** 

12553 Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest fawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Last Month Day Year DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years fast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH Months WIDOWED [ DIVORCED F 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, If any, which gave rise to immediate **DUE TO** cattse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CERTIFICATION PERFORMED? YESYZ NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Slate) factory, street, office bldg., etc.) Haur o. m. While Not while at work at work O. m. Nr 23, 1917, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 4 1 M, from the causes and an the date stated above DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 22b. DATE THEREOF 22g BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ABDRESS** 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 3 0 '59 Cothug & Krues



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



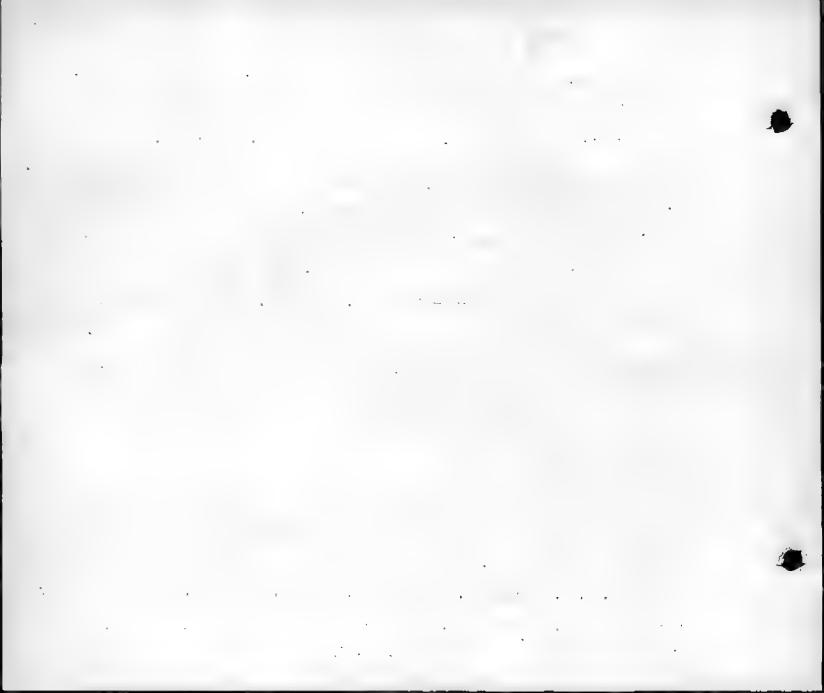
	Z.000 X				Keg. Dist. No.
1. PLACE OF DEATH a COUNTY			2 USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution	in. Residence before admission)
Freder	i ck	MARYLAND	Maryl	and 6 COUNTY	Frederick
b CITY OR TOWN Iff outsi	de corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	utside corporate limits, write RU	JRAL and give nearest town)
RURAL and give nearest	ick	years	// Frede	rick	
d NAME OF HOSPITAL (IF OR INSTITUT ON	nat in haspital, give street	address)	,d. STREET ADDRESS		e, IS RESIDENCI ON A FARM
Freder:	ick Memorial	Hospital	108a	W. Patrick St.	YES NO
NAME OF DECEASED (Type or print)	harles M	Villiam Mill	er last	4. DATE Mont	
5. SEX 6. C	OLOR OR RACE 7. MARE	RIED THEVER MARKED	8 DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 H
Male	White was	WAX WANTED THE	March 17, 187		Months Days Hours Mir
0a. USUAL OCCUPATION (G during most of working lif Retired	ive kind of work done 10b fe, even if retired)	KIND OF BUSINESS OR INDUS			12 CITIZEN OF WHAT COUNTY
13. FATHER'S NAME			14 MOTHER'S MAIDEN N		
Justus Mil	Ler		Carolin	ne Bicking	
WAS DECEASED EVER IN L		SOCIAL SECURITY NO	NFORMANT	Addr	e11
(Yes, no, or unknown) (If yes	give wor or dates of service)	220-18-0217 1	frs. Charles V	V. Miller Fre	derick, Marylan
18 CAUSE OF DEATH [	Enter only ane cause per li	ne far (a), (b), and (c) ]	. 4	0	INTERVAL BETWEEN
PART I. DEATH W	AS CAUSED BY: EDIATE CAUSE (a)	acute Car	due face	lune	Clare
421,1	DUE TO		/*		
Canditions, if any, w	chich 1	Person Tries 5	/ Jana		57,00
gave rise to immed	diate ( DUE TO	co every			
cause (a), stating the <u>ur</u> lying cause last	ndar-				
_	GNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOP
PART IT OTHER SE			the state of the s		PERFORMED
	DEPLYING CI 20h DES	CRIBE HOW INJURY OCCURRE	) /Feter nature of university in I	Part Los Part II of item 18 1	155 140
OR CONTRIBUTING C	AUSE OF DEATH	CRIBE HOW HOOK! OCCORD	or femer noise of mary men	and the state of t	
20c. TIME OF INJURY MA	anth, Day, Year 20d II		ACE OF INLURY (Hame, farm		(County) (Sto
Haur a.m.	19 While	Nat while tal	tary, street, affice bldg , etc.	7	
			19.57 to 2	13 1059	that I last saw the deceas
	attended the deceas				
11 "7.00	- 10	/ and that death	accurred at/6-12		d an the date stated abo
alive an 72	/ \			ADDRESS /Street with my ferrise	
	B 1122			ADDRESS (Street, city or town,	stote) DATE SIGI
actual SIGNATURE	Blin		M.D	ADDRESS (Street, city ar tawn,	state) DATE SIGN
ACTUAL SIGNATURE PHYSICIAN'S	317im	raa_	M.D.		Frederick, Maryl
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) DT B  220 BURIA, CREMIN, 20 DEMOVAL (Specify)	Blin	raa_	M.D. 228 N. R CREMATORY		Frederick, Mary

death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the vineral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSMITAL OF VS A15 (4) 15M 9/58

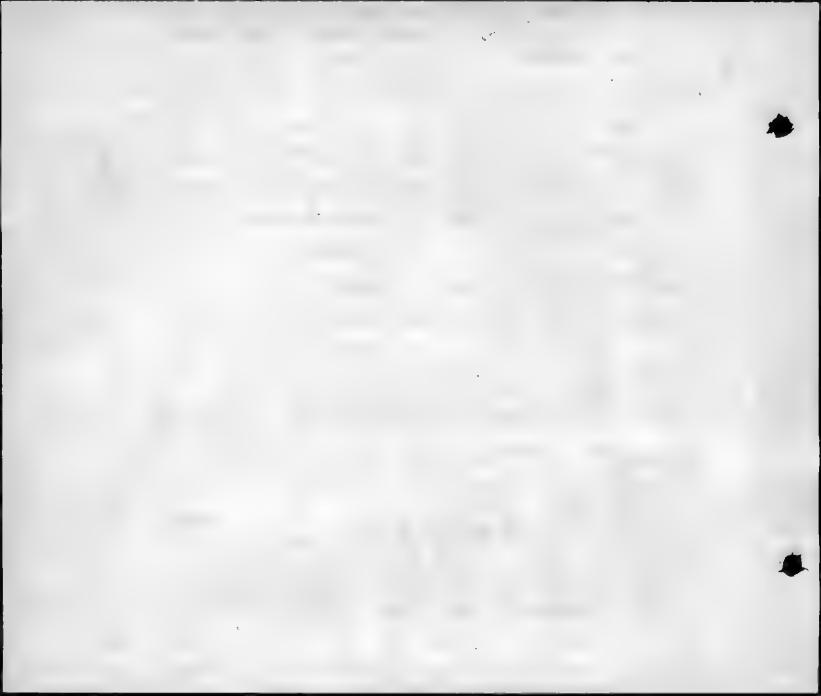


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

R.a.	1		125	55	CEI	RTIFIC	ATE OF D	EATH	{		•	Reg. D	ist. No.	12	553
M	7	LACE OF DEATH COUNTY Fred	erick		2. USUAL RESIDENCE (Where deceased lived. If inst o. STATE Maryland b. COU						nstitution: Residence before admission) UNITY Harford				
	-	CITY OR TOWN (IF	c LENGTH OF	STAY IN 16	c. CITY OR 1	OWN (IF o	utside carpo	rate limits	, write Rl	JRAL ond	give nec	rest lawn	}		
		Frederick	Since 4	-17-58	Havre de Grace					1 4					
	d. NAME OF HOSPITAL (if not in haspital, give street address)  Maryland Odd Fellows Home					877 Otsege Street						e. IS RESIDENCE ON A FARM? YES NO K			
	3. NAME OF FIRM DECEASED AND DECEASED			Middle		las	1	4. DATE	Month			Do	y '	fear	
	(Type or print)			ABEL		L.	MORGAN		OF DEATH	140 A CWID OF					
	5. SEX 6. COLOR OR RACE		7. MARR	7. MARRIED   NEVER MARRIED		B. DATE OF BIRTH			9, AGE (In years IF UNDER Igs) birthday) Months		R 1 YEAR Days	IF UNDE	R 24 HRS. Min.		
	$\rightarrow$	Female	White	WIDOWE	- Last	ORCED 🔲	8 Jan 1			10	yrs.				
	bo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSH during most of working life, even if retired)  Seamstr							yland	ar fareign c	auntry)		1	itizen c SA	OF WHAT	COUNTRY
`	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME						
		James Hopp	er				Sarah	E. B	arnes						
	15. (Yes	WAS DECEASED EVER	SOCIAL SECURIT		NFORMANT				Addr						
		No		l	lone	Ma	ryland O	dd Fe.	llows	Home	(Sa	ne a	s it	em #]	<u>L)</u>
		18. CAUSE OF DEAT PART I, DEAT			e for (o), (b), on Cerebral		rhage						INT ON	ERVAL BE	TWEEN DEATH
	PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage Up Da Da Due to														
	Conditions if any which \														
	gove rise to immediate ( DUE TO													***	
	lying couse lost.														
												RT 1(0) 1	PERFO	AUTOPSY RMED? NO K	
	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY A	UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJU	RY OCCURRE	D (Enter noture o	f injury in f	ort far Par	t II of iter	n 18.)				
	MEDICAL	20c. TIME OF INJURY Haur a. m.	Month, Day, Ye	ar 20d. It While of warl	Not while		ACE OF INJURY (			or town)			(County)		(State)
	Nov. 35 FO Nov. 37 FO														
	alive an Nov • 16, 19 59, and that death occurred at 2:30PM, from the causes and an the date stated above.														
		ACTUAL SIGNATURE	72271		J)).	KArr	MOLALE.		ch St		or lown,	stote}	18		1959
å*	PHYSICIAN'S William M. Smith, M. D. Frederick, Md.														
	220	BUR AL, CREMATION				22c. NAME OF CEMETERY OR CREMATOR									e)
		PREMOVAL (Specify)	11-21-59	)	Angel Hill Comete:						Gra	Grace, Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE  M. R. Etchison & Son, Frederick, Maryland  240. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE  DATE NOV 2 0 '59															

VS A15 (4) 15M 9/55





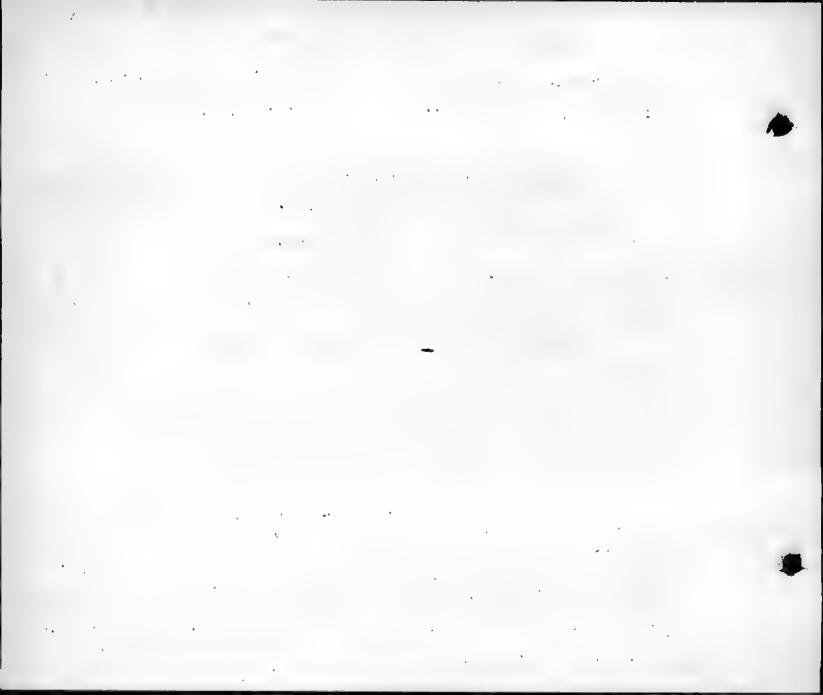
VS A1S (4) 15M 9/S8

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

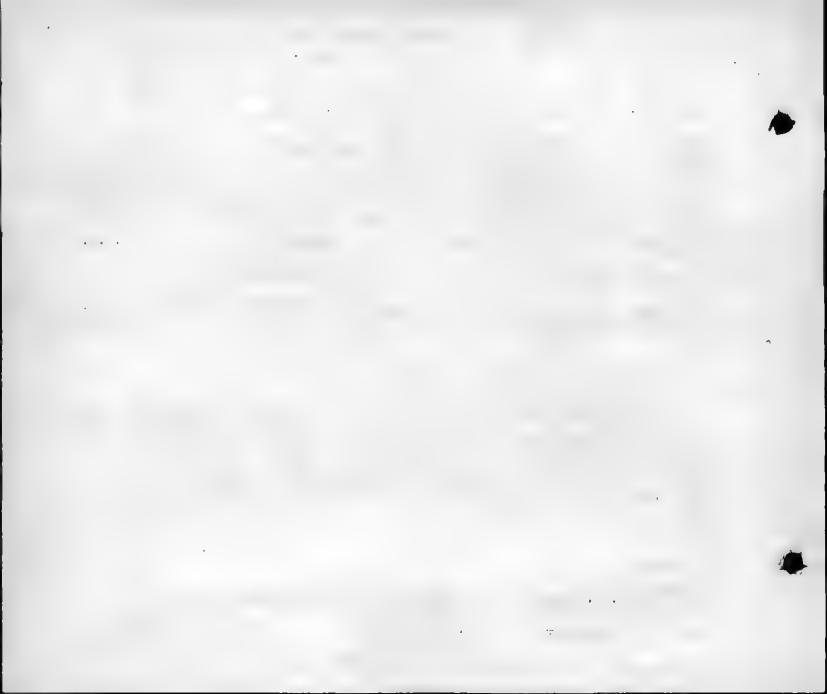
12575 CERTIFICATE OF DEATH

12555 Reg. Dist. No.

1. PLACE OF DEATH	2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY FREDERIC K MARYLAND	O. STATE MARYLAIND B. COUNTY FREDERICK
b. CITY OR TOWN (If autside corporale limits, write   c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give represt town)  JOHNS VILLE  YEARS	X JOHNSVILLE
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
OR INSTITUTION	YES NO IZ
3 NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) TESSE NORMAN NU	CODEMUS DEATH NOV 4 1857
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	IR DATE OF BIRTH 9. AGE (in years HE UNDER 1 YEAR IF UNDER 24 HRS.
MIALE W WIDOWED DIVORCED	APRIL 1 - 1911   lost birthday) Months Days Hours Min.
. ///	111167-1110
10a. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
1) FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CARCILIE ALBANEWINE	At 1117 SA AAT-D
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	
180 220-16-36:15 1/1	ARBARET NICODEMUS JOHNSVILLE MO
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute Corus	mory occlusion
420,1 DUE TO	
Conditions, if ony, which ) (b)	
gove rise to immediate couse (a), stating the under DUE TO	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
LE CATALON CONTRACTOR	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part I or Port II of item 18.)
3 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. Pt	LACE OF INJURY (Home, form, 20f (City or town) (County) (State)
Hour o.m. While Not while	octory, street, office bldg., etc.)
21. I certify that I attended the deceased from Dec. 8	, 1958, to Nov 4, 1959, that I lost saw the deceased
alive on Nov 3	n occurred at LL_PM, from the causes ond on the dote stoted obove.
ACTUAL 71 Co-1	ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE 1 17, aricato	.M.D
PHYSICIAN'S TH CARICOFE	LINION BRIDGE
220 BUR AL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
BIRITY NOV7-1959 LINGAKON	RE UNICATILLE MO
23. EUNERAL DIRECTOR'S SIGNATURE A ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Dis Strike to make you know his	DATE NOV 9 '59 Cothur & King



3. N D O O O O O O O O O O O O O O O O O O	CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)  HANE OF HOSPITAL (If not in hospital, give OR INSTITUTION)  NAME OF DECEASED Type or print)  EX  6. COLOR OR RACE 7.	MARYLAND write c. LENGTH OF STAY IN 16  Street address)  W. HOME  Middle  MARRIED   NEVER MARRIED   11  DIVORCED   DIVORCED	c. CITY OR TOWN (IF of STREET ADDRESS 33/ LIVE FOR TOWN TOWN (IF of STREET ADDRESS 33/ LIVE FOR TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	ere deceased lived. If institution.  LAND b. COUNTY  Utside corporate limits, write RUR  LAND BERG A  4. DATE Manth OF DEATH  9. AGE (In years life in the part of	FREDERICA
1. Plant de	O. COUNTY  C. COUNTY  C. CITY OR TOWN (If outside corporate limits, gut and one give nearest town)  H. C. CITY OR TOWN (If outside corporate limits, gut and one give nearest town)  H. C.	write c. LENGTH OF STAY IN 16  2 0 MO NITH street address)  W. HOME  Middle  MARRIED NEVER MARRIED 14  MOONED DIVORCED DIVORCED	c. CITY OR TOWN (IF of STREET ADDRESS 33/ LIVE FOR TOWN TOWN (IF of STREET ADDRESS 33/ LIVE FOR TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	utide corporate limits, write RUR  4. DATE OFATH  9. AGE (In years list) of the lost of th	e. 15 RESIDENCE ON A FARM? YES NO  Day Year  19 5  FUNDER 1 YEAR IF UNDER 24 MRS Months Days Hours Min.
3. N D T T T T T T T T T T T T T T T T T T	CITY OR TOWN (If outside corporate limits, RURAL and give neorest town)  HANE OF HOSPITAL (If not in hospital, give OR INSTITUTION)  NAME OF DECEASED Type or print)  EX  OCCUPATION (Give kind of work don during most of working life, even if retired)  NODE FATHER'S NAME	write c. LENGTH OF STAY IN 16  20 MO M77  street address)  Middle  MARRIED NEVER MARRIED 14  NOWED DIVORCED DIVORCED 10b. KIND OF BUSINESS OR IND	Frederic  A STREET ADDRESS  33/L/A  FEHRE  B DATE OF BIRTH  TULY 10, /  PUSTRY 11 BIRTHPLACE (Stote of	4. DATE Month OF DEATH P. AGE (In years life in the light) process of the light of	ON A FARM?  ON A FARM?  YES NO  Doy Year  195  FUNDER 1 YEAR IF UNDER 24 HRS  Months Days Hours Min.
3. N DIT State of the state of	NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION OR INSTITUTION OF PROPERTY OF PR	Middle  MARRIED NEVER MARRIED   DIVORCED    DI	STREET ADDRESS  BEARS  STATE OF BIRTH  TULY 10, 1  PUSTRY 11 BIRTHPLACE (Stole of Birth)	4. DATE Month OF DEATH  9. AGE (In years life in the party of the part	Doy Year  2 1 19 5  FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
25. SE 100.	EXAMPLE 6. COLOR OR RACE 7.  EMOLE 6. COLOR OR RACE 7.  WHAT TE W  USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)  NODE  FATHER'S NAME	MARRIED NEVER MARRIED VIDOWED DIVORCED DIVORCED 10b. KIND OF BUSINESS OR IND	PEARS E  S DATE OF BIRTH  TULY 10 /  PUSTRY 11 BIRTHPLACE (Stole of	9. AGE (In years lift lost by thoday) 9. The state of the	Doy Year  2 195  FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
100.	USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)  None FATHER'S NAME	DIVORCED DIV	TULY 10, 1  DUSTRY 11 BIRTHPLACE (Stole of	870 89 yrs.	FUNDER I YEAR IF UNDER 24 HR. Months Days Hours Min.
od uoquo de carpon de carp	None FATHER'S NAME			or foreign country)	12. CITIZEN OF WHAT COUNT
0 5 /	_		Maryland		U.S.A.
0 2	James Pearre		14. MOTHER'S MAIDEN N		
E 2 (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES	S? 16. SOCIAL SECURITY NO. 117.	Ann De La		
5 6	no. or unknown) (If yes, give war or dates of serve	(a)	w	Addres	
\$ E	18. CAUSE OF DEATH [Enter only one couse		Records of Vind	lebour Braddodi	K Heights, Mary
Z	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cardine &	Personal in and	tan	ONSET AND DEATH
Ther	4344 DUE TO	1 1	mong in the		- 114
ny e	Conditions, if ony, which	(Bulmonay)	Eduna		48 ha
	gove rise to immediate cose (a), stating the under- lying couse lost.	. /			
or remaval, a	PART II. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BU	0	NAL DISEASE CONDITION GIVEN	19. WAS AUTOPSY PERFORMED? YES NOOF
÷	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURR	2 Down	Ell	
remation REDICAL	Hoyr A o. m. 10 28	20d. INJURY OCCURRED 20e. F While Not while at work at work	PLACE OF INJURY Hame, farm, factory, street, office bldg, etc.	20f. (City or town)	le Theph- mol
ŭ D	21. I certify that I attended the d	9-13	1958, to 71 th occurred at 2 /		that Tast saw the deceas
detac	47/ 0	of C	in occorred de Z	ADDRESS (Street, city or town, sto	d on the date stated abo
p 2 2	ACTUAL SIGNATURE A Laure	na ticking	MD. Fre	cluck Ind	1/-22-
200 and a shape of a s	PHYSICIAN'S NAME (Type) H. L. Fahrnov		M.D. Frederi	ck, Maryland	
god .	Burial, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 11-21-195			22d. LOCATION (City, town, or of Frederick, Man	
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Frederick, 1	Manuelland		RAR'S SIGNATURE
(4)	Sopert & Dailey	Trouga Tong	DATEOV	27'59 Cathan	1 S. Krauk



AKTLAND	SIAIE DEPARIMENT	Ur	HEALIH-	~!
EEA	CERTIFICATE	OF	<b>DEATH</b>	

L		1255	<u> </u>	CERTI	ICA	IL OI D	LAII	•		Reg. D	ist. No		. () ()
	PLACE OF DEATH F	rederick		MARYL	- 11		Maryl		d lived. If institution b. COUNTY			re odmi	
	RURAL and give ne		ls, write	c. LENGTH OF STAY IN	ч 1ь	c. CITY OR TO	OWN [IF o	utside corpo	proto limits, write R	URAL ond	give ne	arest low	m)
L		rederick		3 Days			Frede	rick	R. F. D.	#2			
	OR INSTITUTION	AL (If not in hospital, s		•		d. STREET AT	DDRESS						SIDENCE A FARM?
	Three Pi	nes Nursin	Hon	10			Ball	Road					NOM
3.	NAME OF DECEASED	Fi	sl	Middle		tost		4. DATE OF	Mon	th	Do	у	Year
L	(Type or print)	LULA		VIRGINI		PEOMRO	Y	DEATH	Novem	iber	2,		19 59
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B.	DATE OF BIRTH			9. AGE (In years lost birthday)				ER 24 HRS.
	Female	White	WIDOW	ED DIVORCED		April	1, 1	875	84 yrs.	Months	Days	Hours	Min.
100	USUAL OCCUPATIO	N (Give kind of work ing life, even if relired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLA	CE (Stote	or foreign c	ountry)	12. CI	TIZEN C	F WHA	COUNTRY
		ework				Ma	aryla	nd			USA		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	J	smes Jenk	ins					Eliza	beth Wad	dle			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INF	ORMANT			Addi	·ess			
Ĺ	n, no. or unknown) No			None	Mr	. Andrew	v J.	Peomre	oy; (sam	e as	ite	m #2	)
Г	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]	6		,				INT	ERVAL B	ETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0	61	e kines "	he	mme	· le-	< _e .			ON!		DEATH
	33/X	DUE TO		3 /				S	1				
Н	Conditions, if or	ny, which } ,,	, (L.	lun Se	P.			Can	1	1	1	03	, ,
	gove rise to it couse (a), stating				- No. 17		-		-				
	lying couse last.	line <u>Unage</u>	1										
۱ĕ	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
18												YES	NO.
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING D	20b DES	CRIBE HOW INJURY OC	CURRED.	(Enler noture of	injury in f	ort 1 or Par	t II of item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye			Oo. PLAC	E OF INJURY (H	lome, form	20f. (City	or town)	-	(County)		(Stote)
MED W	Hour e.m.	19	While of wor	Not white	rocto	ry, street, office	Diag., elc.	1					
		at I attended the	decens	ad from 9-1		. 19.57	in /	1-1	1959	that I	lest s	46	deces
	alive on	/	10 .5	5.7., and that a	tanth e	-							
	Guve ou		, 17	Z_J_, and mare	Jediii C	occorred di			n me causes a Ireet, city or town,		rne ao		ATE SIGNE
	ACTUAL ?	v 11-9 6	111	une N.	/	30 1			aints Str			11	15/50
	SIGNATURE		- Kanada	1	M.	D					de saler auter auter saler saler		1.11.27.
	PHYSICIAN'S DI	. U. G. Bo	urne	.Jr.		Free	deric	k. Mai	ryland				
220	BURIAL CREMATIO	N. 22b. DATE THEREC		22c. NAME OF CEMET	FRY OP				TION (City, town, o	or country		(Sto	te)
	Burial (Specify)	11/5/59		Mt. Oliv					rederick,		ນໄລກ		iej
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			240, REC'I	BY REGIST					-
1	M. R. Etch	ison & Son	Fre	derick, Mar	vlan	d	DATEMON		0 61				

The same of the sa may be retain the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs ofter death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL C VII m15 (4) I 5M 9/55



		12557		CERTIF	ICA	ATE OF DEATH			Reg. Di	ist. No.		
1	PLACE OF DEATH o, COUNTY Free	lerick		MARYLA	AND	2 USUAL RESIDENCE (Whe		l lived If institution b. COUNTY		der		ion)
	b. CITY OR TOWN (If RURAL ond give ne		ils, write	c. LENGTH OF STAY IN 20 years	v 1b	c CITY OR TOWN (IF ou		rote limits, write RI	JRAL ond	give neo	rest towr	)
	d. NAME OF HOSPIT	est 12th St	jive street <b>treet</b>	oddress)		d. STREET ADDRESS  1 West	12th	Street				FARM?
3.	NAME OF DECEASED	Pinkney		Middle	SOM	Last	4. DATE OF DEATH	Novembe		Do	,	19 <b>59</b>
5.	. sex Male	6 COLOR OR RACE White	7. MARR	RIED NEVER MARRIED  DIVORCED	_	February 8,	1.874	9. AGE (In years lost burthdoy) yrs.	Months	Doys	Hours	R 24 HRS Min
10	discipe most of work	ince I for myon it entired	5	KIND OF BUSINESS OR rphans Cour		STRY 11. BIRTHPLACE (Slote of Maryland	or foreign co	ountry)	12 CIT	U.S		OUNTRY
13	3. FATHER'S NAME	• Richards				Margaret		Collins				
	. WAS DECEASED EVER		CES? 16	SOCIAL SECURITY NO.		NFORMANT S. Nellie Per		1 W. 12t		. Fr	ed.	Md.
	Conditions, if or gove rise to in couse (a), stating I lying couse last.	he under-		enebral	Cl	reverel	lem	dr.		4	lear	
CERTIFICATION	PART II OTH  20a ACCIDENT WA OR CONTRIBUTING III FITHER. NOTIFY	ER SIGNIFICANT CON  S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)			_	O. (Enter noture of injury in P			EN IN PAR	RT 1(a) 1	PERFO	NO
MEDICAL			ar 20d. II While	Not while	Oe. PL	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City	or town)	(	County)		(State
	21. I certify the alive an	of I attended the	deceas	ed fram. My	1	occurred at 9 3 P	M, fram ADDRESS (St	the causes an treet, city or town,	d an th	e date	stated DAT	l abave E SIGNE 20-3
	20. BURIAL, CREMATION REMOVAL (Specify) Entonbment	11-22-19				r CREMATORY		orick, Ma	ryla		(Stat	e)
23	3. FUNERAL DIRECTOR	Lest ED	Elby	ADDRESS	c, 1	faryland DATE NO	P BY REGIST	PAR 246. REGIS	TRAR'S SI	GNATUI 74 am	₹E	

may be retained by the haspital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by refuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TTEMBER 6 MAYSICIAN: The law requires that the destinate be executed within 2 haurs

TO HOSPITAL

VS A15 (4) 15M 9/5B

r death. Page 4



VS A15 (4) 15M 9/5B

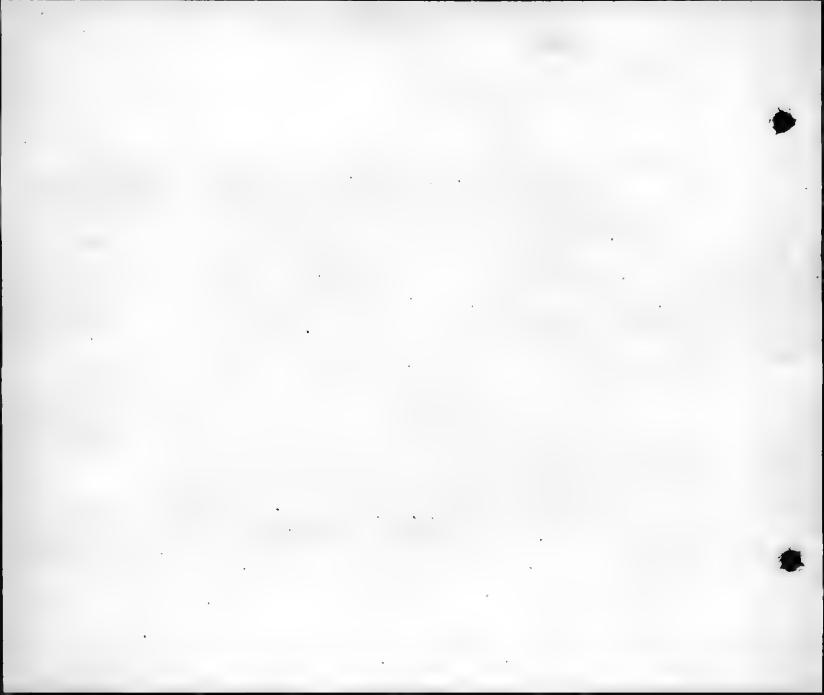
Page	1 A Harris of Miles
eath.	illed in by the Foneral directories I and 2 should be fined with
24 haurs	filled in by the Kner

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12559

	12577		CERTIFI	CAT	E OF DEATH	1		Reg. D	ist. No		, • 0
1. PLACE OF DEATH				2.	USUAL RESIDENCE (WH	ere decease		n: Reside	nce befa	re admis	sion)
• COUNTY FI	rederick		MARYLAI	ND	o. STATE Mary.	land	P COUNTY	F	rede	eric	k
b CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	utside corpo	rote limits, write R	URAL ond	give ne	crest town	n)
Middleto	own		4 vear	's X	Middleto	wn					
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital,	give street	address)	i	d. STREET ADDRESS					e, IS RES ON A YES [_	FARM?
3. NAME OF	Fi	rst	Middle		Lost	4. DATE	Mon	th	Do	ay .	Year
(Type or print)	Ralph		R. W.	Rud	v	OF DEATH	13		3		19 59
5 SEX	6. COLOR OR RACE	7. MARI	RIED THEYER MARRIED	B. D	ATE OF BIRTH		9 AGE (in yeors last birthday)		_		ER 24 HRS
male	white	WIDOW	ED DIVORCED		9/22/1905		54 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of wark rking life, even if retired	dane 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stote	or foreign o	ountry)	12, CI	TIZEN O	FWHAT	OUNTRY?
farmer	n king me, even ii lemec	"   f	arm		Marylan	đ		1	J.S.		
13. FATHER'S NAME				1	. MOTHER'S MAIDEN N	IAME					
Lawr	cence Rudy	7			Emma Re	msbur	g				
	ER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Addi	ess			
no	(ii ) sac give wor or outer or	22	20-34-0586	Mrs	. Naomi R	udy,	Middlet	own	Mo	1	
18. CAUSE OF DE	ATH [Enter only one co	use perti	ge for (a), (b), and (c).]			-			INT	ERVAL BI	TWEEN
PART I. DE	ATH WAS CAUSED BY, IMMEDIATE CAUSE (c	. ( "	provary	· . C	reclus	con			ON	SET AND	AN P
423.1	DUE TO		1								
Conditions, if	ony, which )	-1	V								
gave rise to	immediate (										
lying couse lost		r)	P 5.								
PART II O			CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	INAL DISEAS	E COMPITION GIV	'EN IN PA	RT 1(o)	PERFC	AUTOPSY PRMED?
- 1	VAS UNDERLYING ☐ IG ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCI	URRED. (E	nter noture of injury in	Port 1 or Por	t (I of item 18.)				
20c. TIME OF INJU		1			OF INJURY (Home, farm street, office bldg., etc		or fown)		(County)		(Stote)
Hour o.m.	10	White of wor	Not while	1001017	alleer, office broge, are	1					
21. I certify t	that I attended the	deceos	sed from MATI	3	1959 to 1	200:	3 , 1959,	that I I	ast say	w the c	leceased
olive on	1111 3	. 12 .		eoth oc	curred of 2 49						
	1 -	0	1///				treet, city or town,			DA	TE SIGNED
ACTUAL SIGNATURE	45	lin	en Harp	M.D		nes	Laleto	LUX	//	11-3	-59
					+ + y	gen som- som	- , -	. E.	mm walls	the property	
PHYSICIAN'S NAME (Type)	Dr. J. Elr	er F	laro		Midd	letov	m. Md.				
220. BURIAL, CREMATI	ON, 226. DATE THERE	OF	22c. NAME OF CEMETE	RY OR CE			TION (City, town,	or county)		(Sta	te)
REMOVAL (Specify	7 3/5/195	59	Lutheran	Cem	eterv	M1 88	letown.	Ма			
23. FUNERAL DIRECTO		-	ADDRESS			D BY REGIS			IGNATU	RE	
Gladhil]	. Company,	Mid	ldletown, N	ld.	DATENO	V 6 '5	g an	hun S.	House	4	

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

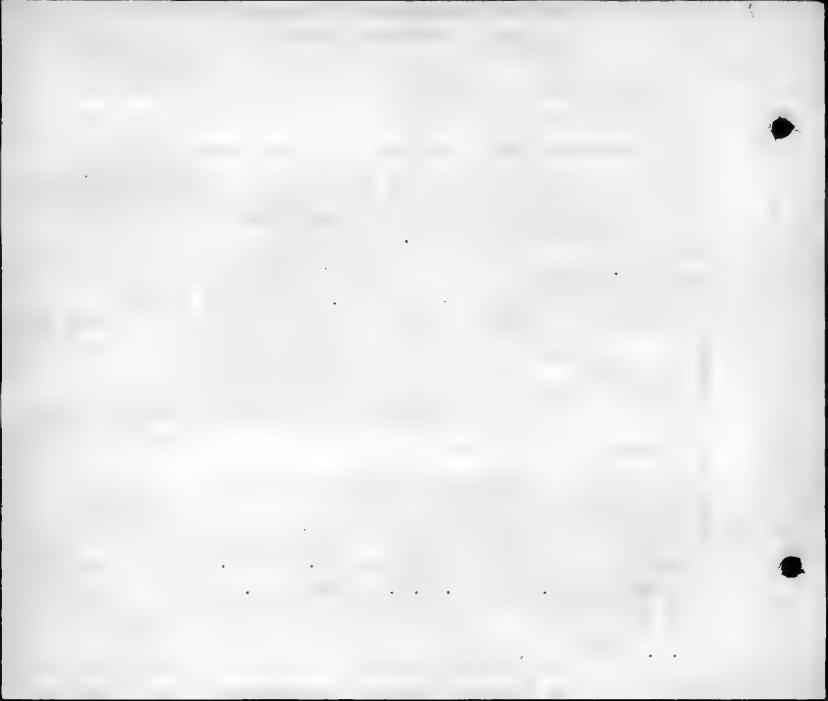
1256()

				CERTIFIC	716 01 1	- H-711			Reg. D	ist. No.		
	1. [	COUNTY Fre	derick	MARYLAND	- CTATE	DENCE (WA		lived. If institution b. COUNTY	n Resider	nce befor	re odmis K	ion)
	1	b. CITY OR TOWN (I RURAL and give no	f autside carporate limits, write earest tawn]		c. CITY OR	TOWN (If a	utside corpo	rate limits, write RL	JRAL and	give nea	rest fow	1}
		Buckeyst		60 Years		Buckey	stowa					
,	d. NAME OF HOSPITAL (If not in hospital, give street addre OR INSTITUTION			et address)	d STREET A	ADDRESS						FARM?
	1	NAME OF DECEASED (Type or print)	ADA First	Middle ESTELLE	SCHAE		4. DATE OF DEATH	Mont No	vemb	er 3		19 59
	5. 5	Female	7273 P I	RRIED NEVER MARRIED	8. DATE OF BIRT			9. AGE (In years fast birthday) OO yrs.	Months	Doys	IF UND Hours	ER 24 HRS. Min.
	10a	. USUAL OCCUPATION during most of world Operator	kipo life, eyen if retired)	b kind of Business or INDU		MACE (Slow		ountry)		TIZEN O	F WHAT	COUNTR
	13	FATHER'S NAME	,		14. MOTHER'S	MAIDEN	IAME					
		Newton R.	Schaeffer		Eliza	abeth	Stone					
I	37		R IN U. S. ARMED FORCES? [If yes, give way or dotes of service]		informant oger S. S	Schaef	fer (	Addr S <b>ame as i</b>		# <b>1</b> )		
_			ATH [Enter anily one couse per	line for (a), (b), and (c))	. 1						RVAL BE	
		PART I. DEA	TH WAS CAUSED BY:	raliably	i mal	Ino	ney	(0)		0.113	LI AIID	PLAIII
		Canditians, if a		ullatins	trae	1,	wil	the Seu	ele	416	3 4	ars.
		gave rise to i cause (o), stating lying cause lost.		Secondo	g au	luc	in				0	
0	CERTIFICATION	PART II. OTH	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAI	रा 1(व) 1	PERFC	AUTOPSY RMED? NO
		20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING TO 205. DE CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED (Enter nature o	af injury in l	art I or Part	t II of item 18 )				
	MEDICAL	20c, TIME OF INJUR Haur e. m. p. m.	Whi	4-	ACE OF INJURY I	lHame, form e bldg., etc.	20f. (City	or town)	(	(Caunty)		(State)
		21. I certify the	at Lattended the dece	ased fram Machines 57, one that death	. 19 <i>5</i> h accurred of		O na	n the causes a	,that I	last so	w the	decease
,		ACTUAL CL	carles H (	inleg &		4		reel, city or lawn,			D.	ATE SIGNE
		PHYSICIAN'S C	harles H. Conl	ey, Jr., M. D.	Frede	rick,	Md.					
	220 E	BURIAL, CREMATIC REMOVAL (Specify)	12-3-59	Mount Olivet		:y		orick, Ma		nd	(Stat	e)
	23.	FUNERAL DIRECTOR M. R. Etc	s signature hison & Son, F	rederick, Maryl	Land	240. REC'I	BY REGIST		TRAR'S SI		RE	

VS A15 (4) 18M 9/55

TO HOSPITAL OF

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often death. Page 4



VS A15 (4) 15M 9/55

02

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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2558	CERTIFICATE	OF DEATH

12561 Reg. Dist. No.

1. PLACE OF DEATH • COUNTY Frederick		MARY	LAND	2. USUAL RESIDENCE 0. STATE Maryl	_	b. COUNTY	ederi	before odmission)	
b. CITY OR TOWN (If outside corporate I RURAL and give nearest town) Frederick	imits, write	c. LENGTH OF STAY  2 days	IN 1b	c. CITY OR TOWN					
d. NAME OF HOSPITAL (If not in hospital or institution  Frederick Me	*	address)	al	/ d. STREET ADDRES Route	s			e. IS RESIDENCE ON A FARM? YES NO [S	
3. NAME OF DECEASED (Type or print)	aris	E Middle	Smi	th lost	4. DATE OF DEATH	Not		Day Year / 2- 1957	9
5. SEX 6. COLOR OR RAC	7. MARRI WIDOWE	IED NEVER MARRII		B. DATE OF BIRTH March 29,		9. AGE (In years last birthday)		YEAR IF UNDER 24 HR Jays Haurs Min.	
10a. USUAL OCCUPATION (Give kind of wo during most of working life, even if returned Farmer	red\	Ge. Farm			itote or foreign of		U .S	A .	TRY?
13 FATHER'S NAME				14. MOTHER'S MAID	EN NAME				
Josiah Sr	nith			Elle	n Fox				
15. WAS DECEASED EVER IN U. S ARMED F		SOCIAL SECURITY NO		NFORMANT	**	Add			
no		none	Irs	.Clarence	Lewis	, Myers	ville	, Md.	
1B. CAUSE OF DEATH [Enter only one PART 1. DEATH WAS CAUSED B' IMMEDIATE CAUSE # 20.0 DUE Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse lost.	(c) (c)	ute Co	int	the fles	anto	isan	,	INTERVAL BETWEEN ONSET AND DEATH 2 Vays	
PART 31. OTHER SIGNIFICANT CO							ZEN IN PART	PERFORMED? YES YES NO.	1
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		KIRE HOW INJURY O	CCORREC	O (Enter noture of injury	y in Port I or Pari	II or stem IB.)			
20c. TIME OF INJURY Month, Day, Hour o. m. p. m.	While	UURY OCCURRED Not while at work	20e. PLA fac	ACE OF INJURY (Home, tory, street, affice bldg.,	form, 20f. (City , etc.)	or town)	(Ca	unty) (State	ie]
21. I certify that I attended to alive on	19 V	Lase	deoth	, 1958, to occurred ot/2:	I PM, from	the couses of reet, city or town,	and on the state)	e date stoted obo	ove.
220 BURIAL, CREMATION, 22b. DATE THE		22c. NAME OF CEM				ION (City, tawn,	.,	(State)	
Burial Mov. 15	, 195		z 's_	Lutheran		sville,			
23. FUNERAL DIRECTOR'S SIGNATURE	111	ADDRESS			REC'D BY REGIST		STRAR'S SIGN		
Caur Paul F.	Bitt	Le. Mvers	IVI	le. Md DATE	NOV 1 6 '5	9 6.	Thur & &	To a conflict	



e. IS RESIDENCE

YES NO

Year

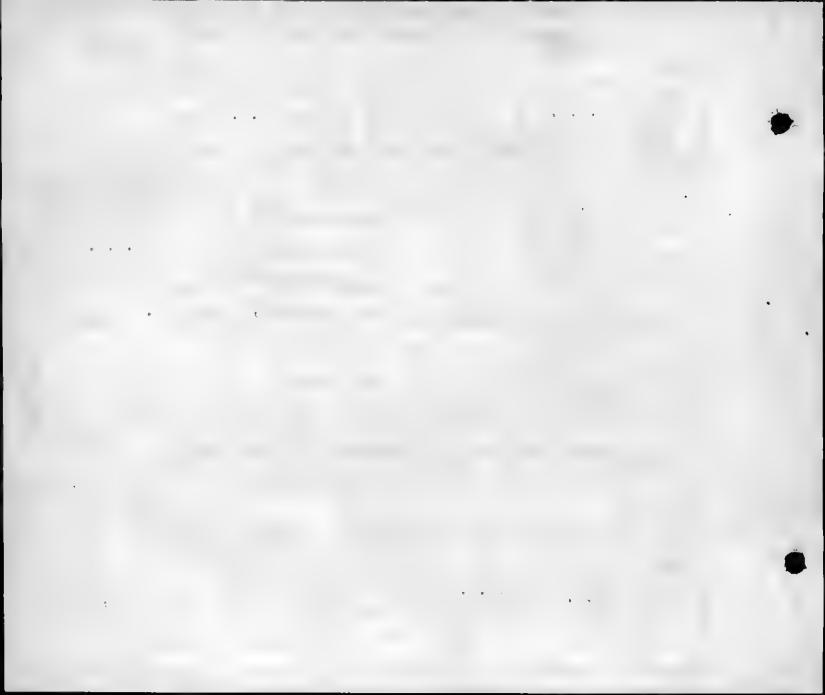
PERFORMED? NO E

DATE SIGNED

(Stote)

19 59

5M 9/55



TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours other death. Page 4		ector,	page 3 shauld be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 shauld be filed with
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VS 1S/	AI W 5	5 (	4) B

	RUCAT		CEKTIFI	CAI	Or D	EAIL	1		Reg. Di	st. No.			
PLACE OF DEATH	rederick		MARYLA	11 4	CTATE	nce (Wh		hved If instituti b. COUNTY		ce before lerich		on)	
RURAL and give nee		write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Frederi	LCK AL (If not in hospital, giv	e street	40 yrs.		// Frederick .d street Address .e is residence								
OR INSTITUTION	ick Memoria						st Thi	rd Stree	t		ON A	FARM?	
. NAME OF DECEASED	First		Middle		Lost		4. DATE	Moi	ith	Day	Y	ear	
(Type or print)	Mary		E.	Thor	nas		OF DEATH	Nov.	10	th	1	9 59	
S. SEX	6 COLOR OR RACE	7- MARR	IED NEVER MARRIED	8. DA	ATE OF BIRTH			9 AGE (In years		I YEAR IF	UNDER		
Female		NIDOWE			-27-189	1		lost birthdoy) O yrs.	Months	Days I	Hours	Min	
0c USUAL OCCUPATION during most of working		l l	KIND OF BUSINESS OR II  ablic School		11 SIRTHPLAC		or foreign co	untry)		J.S.A		DUNTRY'	
3. FATHER'S NAME				14	. MOTHER'S N	AIDEN N	IAME						
Clinton	C. Thomas				Mary	E.	Thomas	5					
	IN U. S. ARMED FORCI I yes, give wor or dates of serv	ricul .	SOCIAL SECURITY NO. 12-11-7519		MANT TS Tho	m2 d_	ZOS N	. College	ress	Fre	eder	ick-	
No				JATE, 9 6	9-0-110	mas-	200 M	. correse	LLK				
	TH [Enter only one cous 'H WAS CAUSED BY	e per lir	1/11	-	10		1	,			VAL BET [ AND I		
45,	IMMEDIATE CAUSE (o)_		Cesenter	1C	TULO	Edd	radie	-		10	do	ELD.	
Conditions, if on gove rise to im couse (o), stoting the lying couse lost.	mediate (	9	eneralez	red	arte	iio	sele.	rasio				/	
PART II. OTHI	ER SIGNIFICANT COND	itions <u>c</u>	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO T	HE TERM!	NAL DISEASI	CONDITION GR	EN IN PAR	1 /	PERFOR	NUTOPSY RMED?	
	CAUSE OF DEATH!	Ob. DESC	CRIBE HOW INJURY OCCU	JRRED (Er	nter noture of i	injury in f	Port I or Port	tl of item 18.)					
Y 20c. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Year	20d. IN While at worl	Not while	fectory,	OF INJURY (Ho street, office t	me, form oldg., etc.	, 20f (City	or town)	(1	County)		(Stole)	
21. I certify the	at I attended the o	decease	ed from 55 No	~	1907	ta	Nov	, 19. <b>2</b> /	that I lo	ist saw	the de	eceaser	
alive on 101	Von	. 19.4	$5_{-7}$ , and that de		urred of	50P	M. fram	the causes ar	d on the	e date s	Inted	abave	
7.7	, 1	,						reet, city or town,				E SIGNE	
ACTUAL SIGNATURE	Juni ?	7 1	heu	M.D.	<u>F</u>	rede	rick l	Medical (	Center		1/-	12-	
PHYSICIAN'S NAME (Type) DI	r. Melvin E	. Le	a		F	rede	rick-	Maryland	l				
220. BURIAL, CREMATION	, 22b. DATE THEREOF		22c. NAME OF CEMETER	RY OR CR	EMATORY		22d LOCAT	ION (City, fown,	or county]		(Stole	1)	
REMOVAL (Specify) Burial	11-13-195	9	Mt. Olivet	Ceme:	tery		Fre	ederick	Mar	ylan	d		
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			4a. REC'I	D BY REGIST	RAR 24b. REG	STRAR'S SI		_		
Pale Tot	512, 216cy 4		Frederick- N	id.		ATE NO	V 1 6 '5	9 C.	in &	Frank			



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nd 3 to the funeral dir retained for your file I 2 with the registrar p

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poges

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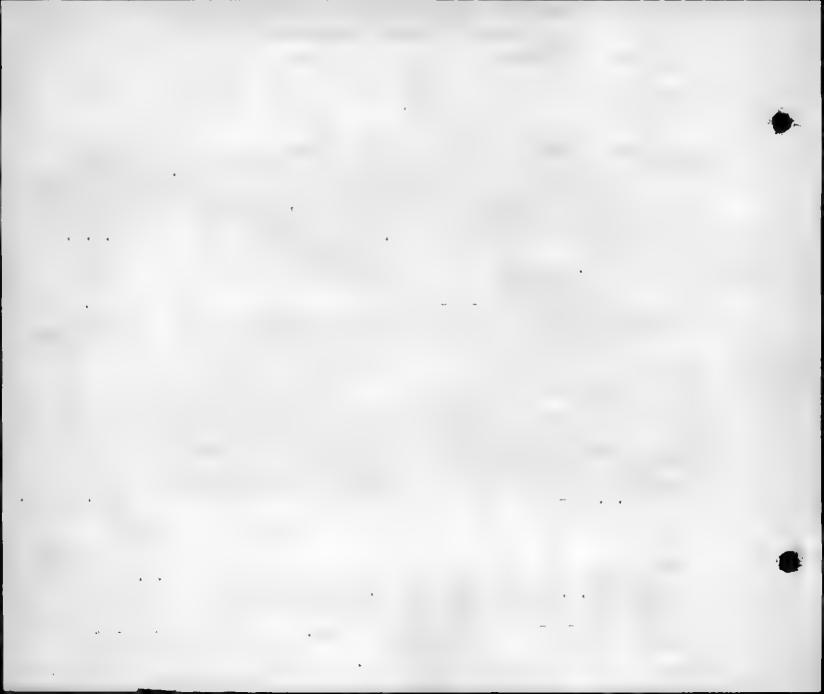
riting the ward "pending" in of Medical Examiner's Office 8: Page 3 shauld be used as a

cute the cert e, write forwarded to the Chief O FUNERAL DIRECTOR:

5M 9/55

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ARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH—BALTIMORE,	18
				-

12580 **CERTIFICATE OF DEATH** 

M

12566 Pag Diet Ne

	_		74000				Kadi Distr	110.				
1		PLACE OF DEATH a. COUNTY  FIT	edrick	MARYLAND	2. USUAL RESIDENCE (Who do STATE Mary:	ere deceased lived. If institut  land b. COUNTY	_	before admis	_			
		RURAL and give near		c. LENGTH OF STAY IN 16		utside carporate limits, write l	RURAL and giv	e nearest low	n)			
	_		[jamsville	bet address)	X Thurmont		e, IS RESIDENCE					
X			(If not in hospitel, give street Hospital.	323,022,	E. Main	St.		ON A	A FARM?			
		NAME OF DECEASED (Type or print)	First Rose	C.L.	Waters.	4. DATE MOI OF DEATH NOV 4		Doy 6	Year 19 59			
	5. :	Female	1071a 3 do a 1	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  June 20 18	380 9 AGE (in years lost buthday) yrs	IF UNDER IT	YEAR IF UND	ER 24 HRS Min			
	10a		(Give kind of work dane 16 g life, even if retired)	Own Home	STRY 11. BIRTHPLACE (Slote Maryland	ar foreign cauntry)	12. CITIZE	U.S.				
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME						
	L	Jose <sub>p]</sub>			Rose							
	1\$ ,Ye	NAS DECEASED EVER I	N U S. ARMED FORCES? yes, give wor or dotes of service)		ospital Reco		fress					
1			Enter anly ane cause per					INTERVAL B				
		1	I WAS CAUSED BY: MMEDIATE CAUSE (a)	Arterioscle	rosis Heart	Disease		<u>5</u> y	rs.			
		LACO. O DUE TO										
	Canditians, if any, which (b) (b) DUE TO											
	cause (a), stating the <u>under.</u>											
)	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(d)											
	CERT F	20g ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I ar Part II of item 18.)						
	MEDICAL	20c, TIME OF INJURY Hour a.m.	w <sub>h</sub>	f.	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	20f. (City or tawn)	{Co.	unty)	(Stote			
		21. I certify that	I aftended the dece	ased fram May 9	, 19 54 ta I	Nov 6 1959	that I last	saw the c	deceased			
		alive an NOV	6 59 , 19		accurred at 9 • 80	M, from the causes as	nd an the a	date state	d abave			
		ACTUAL S	well "	Tarres		ADDRESS (Street, city or town, してしゅ	, state)	DA'	TE SIGNED			
1		SIGNATURE JOSEPH Lerner M.D. Ijamsville										
		PHYSICIAN'S NAME (Type)			77	amsv1	Le		10			
	22°	BURIAL, CREMATION,	22b. DATE THEREOF 11-9-59	22c. NAME OF CEMETERY OF United Bre	thern Cem.	22d LOCATION (City, town, Thurmont,		land	te)			
	23.	FUNERAL DIRECTOR'S		ADDRESS	24a. REC	BY REGISTRAR 246. REG	ISTRAR'S SIGN	ATURE				
	F	Ray mond E.	Creager	Thurmont, 1	Md. DATE	0,000	Down D.	/ WANA				

VS A1S (4) 15M 9/5B

.

TO HOSPITAL 9

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12562

### **CERTIFICATE OF DEATH**

Reg. Dist. No. 12567

												-	
1. PLACE OF DEA	UND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Walkersvills b. COUNTY Frederick											
b. CITY OR TO	WN (If outside corporate limitation neorest lown)	116	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Walkersville										
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Frederick Memorial Hospital						/ d. STREET ADDRESS  e. 15 RE ON / YES						
3. NAME OF DECEASED (Type or print)	fii H <b>A</b> RF		/ Middle		WILH		4. DATE OF DEATH	Mor 1	ith 1	Day 7	′	Year 59	
5. SEX Male	6. COLOR OR RACE	7. MARS	ED NEVER MARRIED	_	Sept 2		5	AGE (In years law birthday)	IF UNDER	Days Days		R 24 HRS, Min,	
100. USUAL OCCI during most of DI 007	UPATION (Give kind of work of working life, even if retired to metal works)	done 10b.	KIND OF BUSINESS OR Roofing	INDUST		ACE (Slote Maryl		intry)		J.S.		COUNTRY?	
13. FATHER'S NAM					14. MOTHER'S	MAIDEN		izabeth	Eyler				
15. WAS DECEASI (Ym., no. or unknown) NO	ED EVER IN U. S. ARMED FOR	10.00	SOCIAL SECURITY NO. 16-09-4833		ORMANT ULTEN W	ilhid	•	Add Walker		Le MI	)		
gove rise couse (o), st lying couse	to immediate DUE TO (k) Ito immediate DUE TO (k) Ito immediate DUE TO (k) Ito	, Co	ngative M	H BUT N	arteurs ot RELATED TO	lerote THE TERMI	e spuly Carel INAL DISEASE	WORLD CONDITION GIVE	by du	Acc 1 2 2 1 1 (0) 15	PERFO	AUTOPSY RAMED?	
	NT WAS UNDERLYING  UTING  CAUSE OF DEATH OTIFY MEDICAL EXAMINER		CRIBE HOW INJURY OCC										
Hour Hour	INJURY Manth, Doy, Ye e. m. p. m. 19	ar 20d. I While of wor	Not while		E OF INJURY (			or lown)	(	(Caunty)		(Stote)	
21. I certi alive an_ ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)	fy that I attended the	decease 12-	and that d	leath o	1	Vall		the causes of the cause of	and an t		e state Di 7-4-5		
270. BURIAL, CRE REMOVAL (S	MATION, 27b. DATE THEREC	OF )	22c. NAME OF CEMET	ERY OR	CREMATORY			ON (City, town, derick	or county)		(Stat		
23. FUNERAL DIRE	Parton		ADDRESS Walkersvil	l•		0.77	D BY REGISTR		STRAR'S SI	GNATUR	E		

THE RESIDENCE OF THE REAL PROPERTY.

death. Page 4

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 12581

Reg. Dist. N. 2568

		7										
1. PLACE OF DEATH  o. COUNTY  Fre	ND 2.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE B. COUNTY Frederick										
b. CITY OR TOWN RURAL and give of Braddock	(If outside corporate limiteorest town) Heights	ts, wrife	Since 5-17-		c. CITY OR TOWN [If autside corporate limits, write RURAL and give nearest tawn]  X Frederick-Rural RD#2							
d. NAME OF HOSPI OR INSTITUTION Vindobona		8. STREET ADDRESS Frederick Junction					ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print)	Fir MIR	-	Middl• JOANNA	YA	STE	4. DATE OF DEATH	Mon Nove	mber	0oy 13.	Year 1959		
5. SEX Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	_	TE OF BIRTH	65	9. AGE (In years last birthday) 91 yrs.	Months D	YEAR IF UN			
10a. USUAL OCCUPATI during most of wor HOUSE—W	rking life, even if retired	dane 10b.	At Home	INDUSTRY	11. BIRTHPLACE (S Maryla		country)		EN OF WH	AT COUNTRY?		
13. FATHER'S NAME				14	. MOTHER'S MAID	DEN NAME						
Thomas 1	Dixon				Lucy A	. Rhine						
15. WAS DECEASED EVE (Yes, no, or unknown) NO	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	17. INFOR	n A. Yası	605 te, Bal	Plymoutt timore 29	r"Road	,			
Canditians, if a gave rise to cause (a), stating lying couse last.	the <u>under-</u>	)	Untertina Oxfanti	los	rtruch	n			4	Days		
CATIC			CONTRIBUTING TO DEATH					EN IN PAKE	PER	FORMED?		
	AS UNDERLYING  GCAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	URRED. (E	iter nature of injur	y in Port I or Po	rt It of item 18.)					
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED Not while at wark	lactory,	OF INJURY IHame, street, affice bldg.	farm, 20f. (Cit	y or lown)	(Ca	unty)	(Stole)		
actual signature	hat I oftended the Novi 13	deceas , 192	ed from May		., 19.5 2, to curred at 10:	15AM, from	m the causes a litreet, city or lawn,	ind on the	date sta	DATE SIGNED		
	H. L. Fahrn		22c, NAME OF CEMETE		Frederic							
Burial (Specify	11-16-5		Reformed		ery	Midd	Letown, M	larylar	nd	tale)		
M. R. Etch		Fre	ADDRESS ederick, Mar	yland	24o.	NOV 1 6 '5	18 24b. REGIS	tran's sign				

MARYEAND SPATE BOLD AND MENT OF HEALTH-BALTIMORE. HTA30 30 STADRITHES best at the same of the same o to the contract AND A STATE OF THE PARTY OF THE THE OWN THE actions after a large state of the same of to the ball of the same of the